

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32924

1. PLACE OF DEATH

County Miller Registration District No. 561
 Township Salem Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 607 W. Water St. St. _____ Ward _____
 (Usual place of abode) (If independent, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1930</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>5</u>
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City, Mo.</u>	
	13. NAME <u>Curtis C Higgins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California, Mo.</u>	
	15. MAIDEN NAME <u>Paulah McEnder.</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co., Mo.</u>	
	17. INFORMANT <u>Curtis C Higgins</u> (ADDRESS) <u>607 W. Water St. Jefferson City</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson City</u> DATE <u>Oct 23, 1932</u>		
19. UNDERTAKER <u>W A Phillips</u> (ADDRESS) <u>Eldon, Mo.</u>		
20. FILED <u>10-23, 1932</u> <u>Belle Haynes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1932, to 11-23, 1932
 I last saw him alive on 11-23, 1932 Death is said to have occurred on the date stated above, at 4: A.
 The principal cause of death and related causes of importance were as follows:
Laryngeal diptheria Date of onset 11-22, 32

Other contributory causes of importance: 10/10 ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E. S. Shelton, M. D.
 (Address) Eldon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 25 1932

WHILE FILLING IN THIS IS A PERMANENT RECORD

