

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.

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

Do not use this space.

35406

1. PLACE OF DEATH

39 County Green Registration District No. 318 File No. _____
3 Township _____ Primary Registration District No. 2061 Registered No. 785
5 City Springfield (Not Springfield, Baxter, or Hamilton) St. _____ Ward _____

2. FULL NAME Elizabeth J. Highfill

(a) Residence, No. _____ St. _____ Ward. Marshall, Mo.
(Usual place of abode) (If nonresident, 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lacey Highfill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1872
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
60 4 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitton, Mo. 1

FATHER 13. NAME J. E. Highfill 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Ellen Norton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Lacey Highfill Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE Nov. 18 32

19. UNDERTAKER (ADDRESS) H. M. Graham Marshall, Mo.

20. FILED 11-17-32 Ralph Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1932 to 11/16, 1932

I last saw him alive on Nov 15, 1932 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus blood stream infection
Prostatic abscess

Other contributory causes of importance: 137

Name of Gen. Prostatic abscess of 11/17/32
What test confirmed diagnosis? Labrad 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? No
If so, specify _____

(Signed) W. J. Dees, M. D.
(Address) Springfield, Mo.

