

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.

JAN 23 1933

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

Do not use this space.

1068

1. PLACE OF DEATH

County Greene
Township Cent
City Greene (No. 17)

Registration District No. 320
Primary Registration District No. 5443

File No. 16
Registered No. 1068
St. Greene Ward 1

2. FULL NAME

(a) Residence, No. 16 Springfield St. Greene Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEM</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. N. McKINNEY</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-24-1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RET HOUSEWIFE</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>USUARY</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-7-1933</u>	
11. Total time (years) spent in this occupation <u>17</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lucasville Ind</u>		
FATHER	13. NAME <u>Harvey Higgins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Briggs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT <u>Mrs Edna Lisenby</u> (ADDRESS) <u>Rt Springfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>EAST LAWN</u> DATE <u>1-7-1933</u>		
19. UNDERTAKER <u>John Johnson</u> (ADDRESS) <u>Springfield</u>		
20. FILED <u>1/10</u> 1933 <u>Lucy B. Hayes</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30-1932 to 1-5-1933
I last saw him alive on 1-4-1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza
Pneumonia
1-33
Date of onset 2/28

Other contributory causes of importance:
11A
107A
11A

Name of operation None Date of 1-5-1933
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 1-5-1933
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased None
If so, specify None
(Signed) B. J. Hinkle M. D.
(Address) Bois d'Arc Mo

