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

Do not use this space.

5818

File No.

Registered No. 770

Registration District No. 399

Primary Registration District No. 1003

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Edwin Higgins Sr.
(a) Residence, No. 3347 so Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Minna Way Higgins deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery merch
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly 2908 E 24
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) Bonmahon, Waterford Co. Ireland

FATHER
13. NAME Joseph Thos. Higgins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Woodward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

17. INFORMANT (ADDRESS) Miss Jane Edwina Higgins 3347 so Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE Febr. 17, 1933

19. UNDERTAKER (ADDRESS) Eylar Funeral Home 1800 Linwood

20. FILED 2-16, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH Wed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to Feb 15, 1933
I last saw h. alive on 2-15, 1933. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver & mediastinum (Probably primary in liver)	
Other contributory causes of importance: Arteriosclerosis Nephritis	

Name of operation none Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Alvorno Gunby, M. D.
(Address) 7 of Argyle Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD