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.

APR 24 1933

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

Do not use this space.

71a 603

1. PLACE OF DEATH
County Pettis
Township Prairie
City Sedalia (No. , R.F.D. St. Ward)

Registration District No. 668
Primary Registration District No. 5890

File No.
Registered No. 88

2. FULL NAME William B Higgins

(a) Residence, No. St., Ward.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widower

5A. IF ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1937

7. AGE YEARS 95 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Peter Higgins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs B K Higgins Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE Mar 31, 1933

19. UNDERTAKER (ADDRESS) Gillespie Sedalia

20. FILED 3-31, 1933 J. G. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to March 30, 1933
I last saw him alive on March 29, 1933. Death is said to have occurred on the date stated above, at 1 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Jno B. Carlisle, M. D.
(Address) 314 Ohio - Sedalia Mo.