

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

Do not use this space.

19320

1. PLACE OF DEATH

33 County Dent Registration District No. 266
Township Meremac Primary Registration District No. 5347
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Elizabeth Biggs

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Biggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 11 19

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

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) Missouri

13. NAME --- Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME -- Strickland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs John Potter
(ADDRESS) Turtle Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stonehill Cem DATE June 29

19. UNDERTAKER Carl K Spencer
(ADDRESS) Salem Mo

20. FILED 6/29 1933 W. E. Russell, Turle
Registrar.

21 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1930 to June 19, 1933

I last saw him alive on June 19, 1933. Death is said to have occurred on the date stated above, at 1.00 P M

The principal cause of death, and related causes of importance were as follows:
Chronic Myocarditis 1927

Other contributory causes of importance:
Chronic Bronchitis 1920

Name of operation _____
What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external cause (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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. E. Russell M. D.
(Address) Salem 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.

JUN 22 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

