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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No. 27458

Township St. Francois — Primary Registration District No. 6018A — Registered No. 92

Near City Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME John D. Highley

(a) Residence, No. Farmington St. Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Unknown~~ Rebecca Jane Thomason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Unknown~~ Feb 14-1846

7. AGE: YEARS ~~89~~ 87 — MONTHS 5 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Mo ~~Illinois~~

FATHER

13. NAME: ~~Unknown~~ James Highley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath County Ky. ~~Illinois~~

MOTHER

15. MAIDEN NAME: Mary ~~Unknown~~ Wildman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County Mo ~~Illinois~~

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo. — B. J. Robinson Farmington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE Aug 9-1933

19. UNDERTAKER (ADDRESS): Neidert Und Co Farmington Mo.

20. FILED Aug 7 1933 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to Aug 7, 1933
I last saw him alive on Aug 7, 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

Fracture of hip which happened on July 28-1933 186A (Fell in his room.) 194B

Date of onset: July 28

Other contributory causes of importance: Senility

186

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 28, 1933
Where did injury occur? Farmington Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. fell in own bed room
Manner of injury ~~and fractured~~
Nature of injury left hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) P. S. Tate, M. D.
(Address) Hosp. #4 Farmington Mo

St. Francois
St. Francois
Near Farmington, Mo.
John [illegible] [illegible]ighley

Male White Widowed

Unknown
Unknown

80

None

Illinois
Unknown
Illinois
Unknown
Illinois

Hospital records
Farmington, Mo.