

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.

30907

1. PLACE OF DEATH
 County St Louis Registration District No. 1121 File No. _____
 Township Central Primary Registration District No. 114 Registered No. 181
 City Richmond Heights No. St Marys Hospital St. _____ Ward _____
 2. FULL NAME Alice Lavelly Higgins
 (a) Residence, No. 6148 Washington 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 Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Richard D Higgins (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1862
 7. AGE YEARS 71 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. at home
 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) Kentucky
 13. NAME John Lavelly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT Edward H. Higgins (ADDRESS) 6148 Washington Blvd
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bardston Ky DATE 9/8 1933
 19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Hindell Blvd
 20. FILED 9/7 1933 Vertude Post Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1933, to Sept 7 1933
 I last saw her alive on Sept 6 1933. Death is said to have occurred on the date stated above, at 3052m.
 The principal cause of death and related causes of importance were as follows:
Encephalitis Epidemica Date of onset Sept 3 1933
 Other contributory causes of importance: Chr. Cardiac Disease 1929
Cerebral Infection
 Name of operation None Date of _____
 What test confirmed diagnosis? Cerebral Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes 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 None
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. G. Brubaker M. D.
 (Address) 603 Metropolitan Bldg

Dr. H. H. H. H.
No. 1234
1-2 Pm