

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

Do not use this space.

31902

**1. PLACE OF DEATH**

County Scott  
Township Commerce  
City Commerce (No. ....)

Registration District No. 817  
Primary Registration District No. 4493

File No. ....  
Registered No. 11  
St. .... Ward)

**2. FULL NAME**

George Higgs

(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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>9</u>	<u>27</u>	

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

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) Scott Co. Mo.

13. NAME Wesley Higgs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Elsie Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Mo.

17. INFORMANT Ed. Wheeler (ADDRESS) Commerce, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason Cemetery DATE Oct. 8 1933

19. UNDERTAKER Farnley (ADDRESS) Commerce Mo.

20. FILED Oct. 7 1933 A. J. Blackledge 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 October 5 1933 to October 5 1933

I last saw him alive on October 5 1933 Death is said to have occurred on the date stated above, at 3 a.

The principal cause of death and related causes of importance were as follows:

apoplexy  
S & A  
87 a

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) A. J. Blackledge, M. D.

(Address) Commerce 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.

NOV 10 1933

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