

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

Do not use this space.

33204

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Jaw Primary Registration District No. _____
 City Transuscity (No. 42) General Hosp. St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 3203 E. 58th St. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 18

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 _____

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

13. NAME Samuel Biggerstaff

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

15. MAIDEN NAME Faddie Glibs

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

17. INFORMANT (ADDRESS) Receiv. Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Union County DATE Oct 23, 1933

19. UNDERTAKER (ADDRESS) A. P. Doehler

20. FILED 10-21, 1933 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1933, to 10-20, 1933

I last saw him alive on 10-20, 1933 Death is said to have occurred on the date stated above, at 12:00 PM

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

osteomyelitis of 4th metatarsal left foot
1918
1927
 Other contributory causes of importance: hypostatic emphysema
indurated

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1933

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 or deceased? _____

If so, specify _____

(Signed) [Signature], M. D.

10-21 (Address) Sept 17 Gen Hosp & Transuscity

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

