

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

Do not use this space.

34817

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 0000
City, St., Louis (No. 6923 Bruno av., St. Ward)

File No.
Registered No. 8988

2. FULL NAME Rhoda Aurilla Higbee,

(a) Residence, No. St. 4 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1857-1-7</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>			
	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) <u>Indiana.</u>				
FATHER	13. NAME <u>Daniel McFarland,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Connecticut.</u>			
MOTHER	15. MAIDEN NAME <u>Albigail Faskett,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Connecticut.</u>			
17. INFORMANT <u>Clarence Higbee,</u> (ADDRESS) <u>6923 Bruno av.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>10/19/35</u>				
19. UNDERTAKER <u>Robert L. ...</u> (ADDRESS) <u>Clayton Road at Concordia Lanes</u>				
20. FILED <u>18 1935</u> <u>J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17th, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to October 17th, 1935

I last saw her alive on October 17th, 1935. Death is said

to have occurred on the date stated above, at 12:19 P.

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

Nephritis acute
130
130

Date of case
9/28/35

Other contributory causes of importance:

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 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) W. H. ..., M. D.
(Address) 2201a McCausland av.

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 1935

