

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

Do not use this space.

39901

126-1934

1. PLACE OF DEATH
 County KIRKSVILLE MO ADAIR Registration District No. 4
 Township BENTON Primary Registration District No. 3001
 City KIRKSVILLE (No. 809, E. Pierce) St. _____ Ward _____

2. FULL NAME MILTON G BIGGERSTAFF
 (a) Residence, No. 809 E Pierce St St. 4th Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX LE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED

DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 31 1855

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>7</u>	<u>8</u>			

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DRYER'S STOCK & GRAIN

10. Date deceased last worked at this occupation (month and year) FEB 18th 1929 11. Total time (years) spent in this occupation 40

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EDINA MO

13. NAME JOSEPH F BIGGERSTAFF

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MYRA LAND STATE

15. MAIDEN NAME VERDONIQUE GUILLE

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

INFORMANT (ADDRESS) J. Biggerstaff
Kirksville MO

BURIAL, CREMATION, OR REMOVAL
 PLACE Edina DATE 12-24-1933

UNDERTAKER (ADDRESS) Wm. J. ...
Kirksville, Mo.

FILED Dec 23 1933 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1933 to 12/22, 1933
 I last saw him alive on 12/22, 1933 Death is said to have occurred on the date stated above, at 1:45 P.M.
 The principal cause of death and related causes of importance were as follows:

hypostatic congestion of lungs

Cerebral thrombosis

Other contributory causes of importance: _____

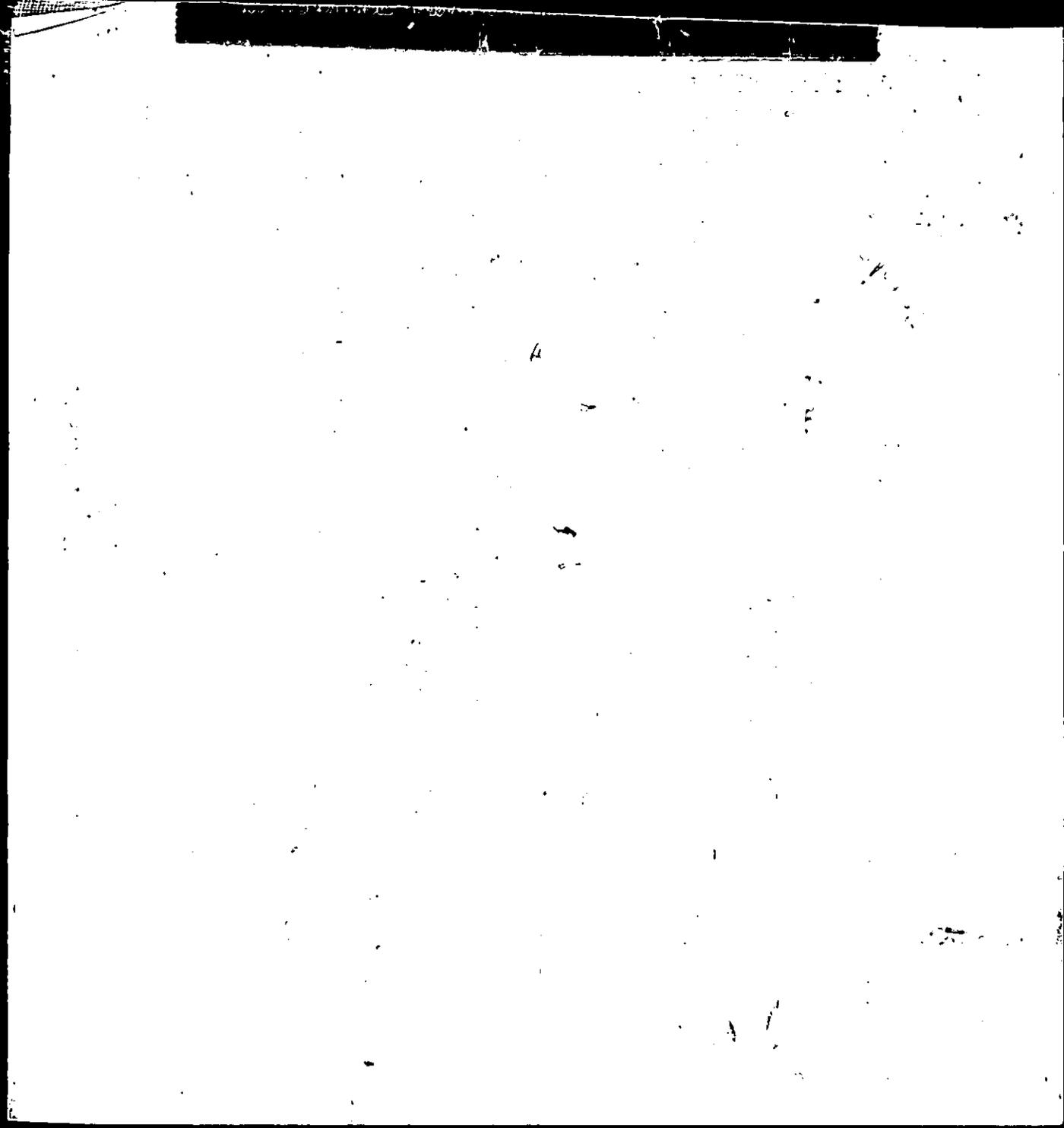
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Earl Laughlin, M. D.
 (Address) Kirksville, Mo.

Date of onset 12/14/33



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No. _____

Township _____

Primary Registration District No. 3001

Registered No. 225

City Kirkville (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1855

to have occurred on the _____ stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 1 12

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

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

Date of onset _____

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

13. NAME _____

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED _____ 1933 Spencer Freeman Registrar. (Address) _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-39001