

WHOLE PLAIN 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.

27 1934

W. Pheasant

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

Do not use this space.

341

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 8131
 City (No.) St. Ward

2. FULL NAME Rosie Biggs
 (a) Residence, No. Gen'l Del. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856 Est.

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

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

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.

MOTHER / FATHER

13. NAME Alex Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Wm Biggs
 (ADDRESS) Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Country Farm DATE 1-25-34

19. UNDERTAKER Frank Vand Co
 (ADDRESS) Poplar Bluff

20. FILED 2-1-34 W. S. Bradley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934 to Jan 24, 1934
 I last saw her alive on Jan 24, 1934. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 1-15-34
(Solar)
108
 Other contributory causes of importance 108

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?
 If so, specify
 (Signed) J. W. McKim, M. D.
 (Address) Poplar Bluff

