

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

Do not use this space.

APR 24 1934

1. PLACE OF DEATH

County Rainbow
Township Pearce
City Paris (No. P.F.D.)

Registration District No. 400
Primary Registration District No. 5553B

File No. 5294
Registered No. 37
St. _____ Ward _____

2. FULL NAME

Richard Allen Hightower
(a) Residence, No. Lis Summit S. 1735 Ward.

Length of residence in city or town where death occurred 4 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

| | | |
|--|----------------------------------|--|
| 5. SEX <u>Male</u> | 4. COLOR OF RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown 1859</u> | | |
| 7. AGE <u>75</u> YEARS | <u>unknown</u> MONTHS | <u>unknown</u> DAYS |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired farmer</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>Blue Springs Mo.</u> | | |
| 13. NAME <u>John Hightower</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 15. MAIDEN NAME <u>Sarah N. Stanley</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blue Springs Mo.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Claude V. Cook Independence Mo.</u> | | |
| 18. BURIAL, CREMATION OR REMOVAL (ADDRESS) <u>Blue Springs Mo.</u> DATE <u>Feb-14-34</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>J. W. Stanley Blue Springs Mo.</u> | | |
| 20. FILED <u>Feb 22 1934</u> <u>William Fields</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-12-1934

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:
Fract. 3rd Cervical Vertebra
Spinal crushing of chest and abdomen
1863

Other contributory causes of importance:
1863

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 Accident Date of injury 2/12, 1934
Where did injury occur? Paris Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Under the fall on body

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Wm. Fields M. D.
(Address) 801 3- Lis Summit Paris

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.

