

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.

MAR 24 1934

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

Do not use this space.

6009

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 52

Township Sedalia

Primary Registration District No. 3032

Registered No. 668

City Sedalia

(No. 623 E., 15th)

St.

Ward

2. FULL NAME Richard R. Highleyman

(a) Residence, No. 623 E., 15th

(Usual place of abode)

St. _____ Ward _____

(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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Highleyman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18 - 1839</u>				
7. AGE	YEARS <u>94</u>	MONTHS <u>10</u>	DAYS <u>24</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>Retired</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	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>J. W. Highleyman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Penelope Riley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
17. INFORMANT <u>Miss May Highleyman</u> (ADDRESS) <u>623 E. 13th</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>2-14-1934</u>	
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia Mo</u>	
20. FILED <u>2-15</u> 19 <u>34</u> <u>Jean Slack</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 Feb 10 1934, to Feb 12 1934
I last saw him alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 6⁰⁷ a.m.
The principal cause of death and related causes of importance were as follows:
Coronary embolus Date of onset 2/12/34
1 year
131
131
Contributory causes of importance: hypertension 9/10/31
hypertension 3/10/31
hypertension 2/10/31
Name of operation _____ Date of _____
(What test confirmed diagnosis? Chinco 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) Howard T. Long, M. D.
(Address) Sedalia, Mo.

