

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

Do not use this space.

12617

1. PLACE OF DEATH

County Greene
Township Jackson
City Fan Grove (No.)

Registration District No. 322
Primary Registration District No. 5847A

File No.
Registered No. 7 St. Ward)

2. FULL NAME

Jerry Mitchell Highfill
(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1897

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>24</u>	<u>3</u>	<u>4</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dallas Tex Mo

13. NAME John J. Highfill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn Tenn

MOTHER 15. MAIDEN NAME Nancy Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn Tenn

17. INFORMANT (ADDRESS) Ellie Highfill
Elk Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE 4-2-1934

19. UNDERTAKER (ADDRESS) L. B. Jones
Buffalo Mo

20. FILED 423 1934 Allan Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-1934

22. I HEREBY CERTIFY, That I attended deceased from March 30 1934 to April 1 1934

I last saw him alive on April 1 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Arterio Sclerosis (unc)
Cerebral Hemorrhage 3-30-34

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Visual 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? If so, specify E.M. Bailey M. D.
(Signed) Bay Elk Creek Mo (Address)

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.

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