

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

Do not use this space.

12957

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township New Primary Registration District No. _____
 City Kansas City (No. 1110 - W - 18th) St. _____ Ward _____

2. FULL NAME

Cora Bell Higgins

(a) Residence, No. 1110 West 18th 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 Fe 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 John Higgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 30 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	11	14	

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Housewife</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) Carrollton Mo

FATHER 13. NAME Joseph Pease

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Sarah J.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT John Higgins (ADDRESS) 1110 - W - 18th

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Apr 16 - 1934

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 718 Broadway, R.C. Mo.

20. FILED 4-16, 1934 Emm Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to April 13, 1934

I last saw her alive on April 12, 1934. Death is said to have occurred on the date stated above, at 450a M.

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

Carcinoma uterus
Metastatic in liver
46
 Date of onset 3-1-34

Other contributory causes of importance: Carcinoma uterus

Name of operation Hysterectomy Date of 2-17-34

What test confirmed diagnosis? Aut 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) H. A. Brynogle, M. D.
 (Address) 818 Medical Bldg

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.

med. Arts.
na 2222
2-5-1917