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.

JUN 20 1934

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

Do not use this space.

15698

1. PLACE OF DEATH
County Bates — Registration District No. 51 — File No. 27
Township ~~Howard~~ — Primary Registration District No. 4030 — Registered No.
City Hume (No. , St. Ward)

2. FULL NAME Sarah Jane Biggs
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 ✓ B. F. Biggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2-1867
7. AGE YEARS 67 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Macomb Illinois

FATHER
13. NAME Wm C Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Jane Holly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) B. F. Biggs Hume Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hume Cemetery DATE May 15, 1934
19. UNDERTAKER (ADDRESS) R. W. McConnell Hume Mo
20. FILED 5/20, 1934 Edna G Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to May 13, 1934
I last saw her alive on May 13, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	Jan 1934
1945	
928	

Other contributory causes of importance:

Cirrhosis Liver (Hypertraphic)	1930

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical 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) Wm H Allen Jr, M. D.
(Address) Hume Mo