

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

Do not fill this space.

**1. PLACE OF DEATH**

County Chariton  
Township Salisbury  
City Roanoke

Registration District No. 175  
Primary Registration District No. 5243

File No. 16076  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Roanoke MO. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Fernis E. Higdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
63 6 17

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) MO

13. NAME William J. Pemberton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Susan E. Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Fernis E. Higdon  
(ADDRESS) Roanoke MO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Roanoke DATE May 6 1934

19. UNDERTAKER A. H. Oldaker  
(ADDRESS) Roanoke MO

20. FILED 5-8 1934 Registrar [Signature]

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to May 4 1934  
I last saw him alive on May 4 1934 Death is said to have occurred on the date stated above, at 8 A m.

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

Encephalitis  
17  
Date of onset Apr 30

Other contributory causes of importance:

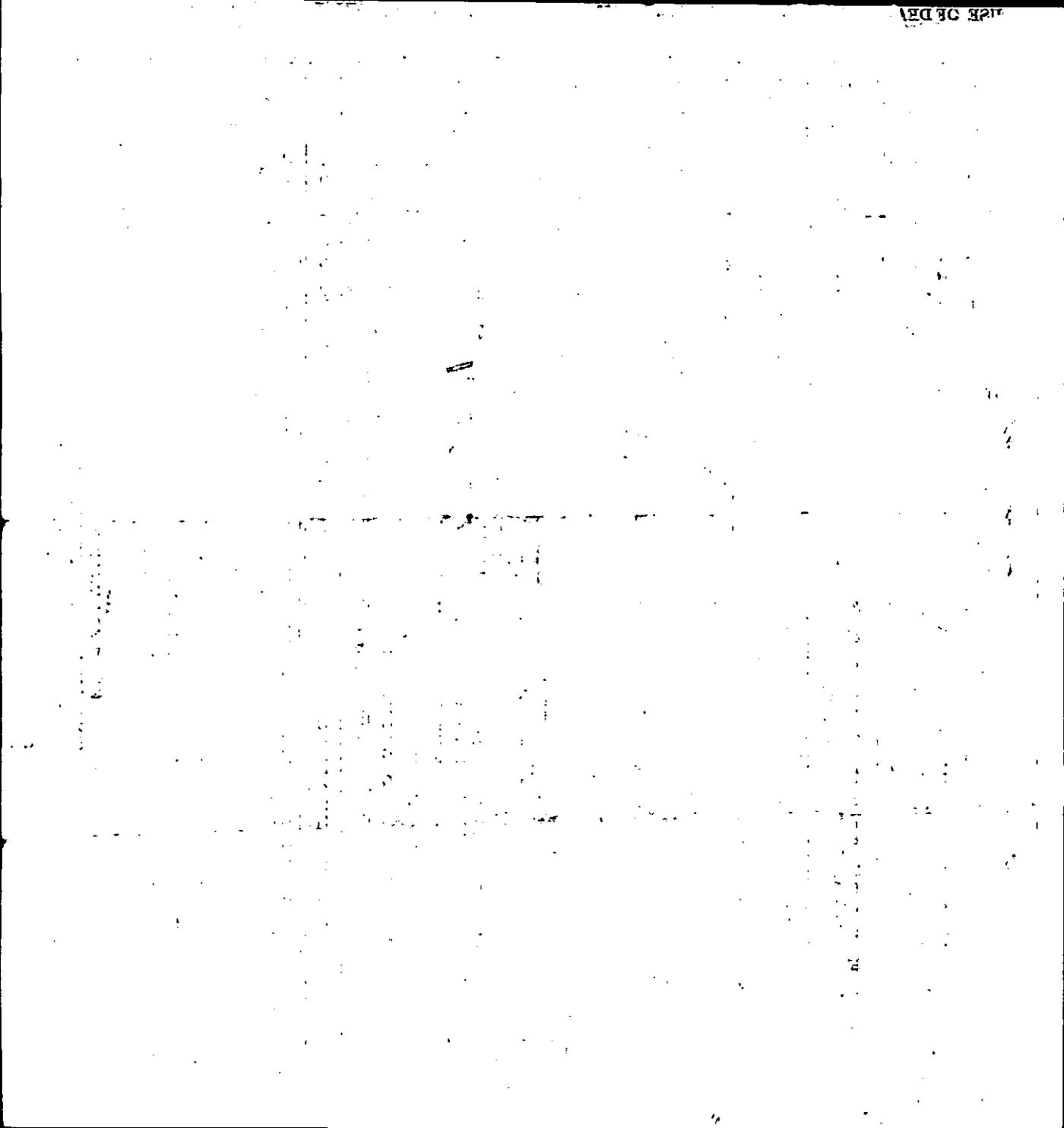
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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 \_\_\_\_\_  
(Signed) W. O. Hawthinson, M. D.  
(Address) Roanoke MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Sharon

Registration District No. 175

File No. ....

Township Salesbury

Primary Registration District No. 5243

Registered No. 26

City .....

(No. ....

St. ....

Ward) .....

2. FULL NAME Nannie Elizabeth Higdon

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

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

....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to have occurred on the ....., at ....., m.

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

7. AGE

YEARS 63

MONTHS 6

DAYS 17

If LESS than 1 day, ..... hrs. or ..... min.

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

congestive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

bronchitis

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Georgia

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.....

19. UNDERTAKER (ADDRESS)

20. FILED 4/27 1934

Geo. S. ...

Registrar

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

(Signed)

(Address)

....., M. D.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-16078