

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

Do not use this space.

16824

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kennett, Mo. 3802 Ashe St. _____ Ward) _____

File No. 2192

Registered No. 2192

2. FULL NAME

Francis Brooke Hilligoss
 (a) Residence, No. 3802 Ashe 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 Katherine B. Hilligoss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 11 0

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Electrician
 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) St. Joseph, Missouri

13. NAME Marie Hilligoss

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

15. MAIDEN NAME Anna Ringler

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

17. INFORMANT (ADDRESS) Mrs. Katherine Hilligoss

18. BURIAL, CREMATION, OR REMOVAL PLACE at home DATE May-18 34

19. UNDERTAKER (ADDRESS) Mrs. L. Foster

20. FILED May 17 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 17, 1934. I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 1 a. m.

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

Angina Pectoris Date of onset 5-1-34

Other contributory causes of importance: 942

Name of operation None 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) John R. Lewis, M. D.
 (Address) 3546 St. Louis

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 19 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

