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.

JUL 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 20336
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 2496
City Kansas City (No. 416 West 49th. Terrace. St. Ward)

2. FULL NAME Bryant C. Biggerstaff
(a) Residence, No. 416 West 49th. Terrace. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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 Mrs. Cora C. Biggerstaff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1880

7. AGE: 53 YEARS — MONTHS: 5 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, formerly
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sec. K.C. Live Stock Exchange
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) Turney Missouri

FATHER
13. NAME Winfield S. Biggerstaff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Ann Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

17. INFORMANT (ADDRESS) Mrs. Cora C. Biggerstaff 416 West 49th. Terrace.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg, Mo. DATE 6-7-34, 19

19. UNDERTAKER (ADDRESS) R. Y. Lindsey & Sons 3811 Broadway.

20. FILED June 6, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1934, 19

22. I HEREBY CERTIFY that I attended deceased from Deputy Coroner, 19 to , 19
I last saw h. alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the head.	
Other contributory causes of importance:	
	60

Name of operation no Autopsy Date of yrs
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: Accident Date of injury 6/4/34
Where did injury occur? 416 West 49th Terrace Kansas City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Trauma by Firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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