

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.

AUG 20 1934

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

Do not use this space.

1. PLACE OF DEATH  
County Randolph Registration District No. 732  
Township Moniteau Primary Registration District No. 4437  
City Higbee (No. ....) St. .... Ward)

File No. 26023

Registered No. 22

2. FULL NAME Demarian Laight.  
(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1849  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 II 20  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wire  
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) Memphis Mo.

13. NAME John Milnes

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

15. MAIDEN NAME Mary Dickerson

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

17. INFORMANT John Lambier Higbee Mo.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cem Higbee DATE July 5 1934  
Joe W Burton

19. UNDERTAKER (ADDRESS) Higbee Mo.

20. FILED July 5 1934 J. W. Wilson Registrar.  
C. Rankin Little

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to July, 1933

I last saw her alive on June 130, 1934. Death is said to have occurred on the date stated above, at 4:10 m.

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

Other contributory causes of importance:  
Chronic nephritis & arterio-sclerosis

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? NO  
If so, specify.....  
(Signed) C. F. Burnhatter, M. D.  
(Address) Higbee Missouri

Date of onset  
June 30/34

Sept 1933

