OCT 12 1934

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

Do not use this space.

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1. PLACE OF DEATH
County: Johnson — Registration District No.: 431 — File No.: 33237
Township: Warrensburg — Primary Registration District No.: 3023 — Registered No.:
City: Warrensburg (No.) Warrensburg Clinic St. ..... Ward)

2. FULL NAME: Heddrick Calvin Higgins

(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

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: Ada Higgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 1871

7. AGE — YEARS: 63 — MONTHS: 2 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Lafayette Co. Mo

FATHER
13. NAME: John C. Higgins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blackrown Mo

MOTHER
15. MAIDEN NAME: Narcissus Dyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co Mo

17. INFORMANT (ADDRESS): Mrs. H. C. Higgins Warrensburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset Hill DATE: Sep 29 1934

19. UNDERTAKER (ADDRESS): Sweeney-Phillips Warrensburg Mo.

20. FILED: 9/29 1934 Testa Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sep 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep 25 1934, to Sep 28 1934, I last saw h. alive on Sep 28 1934. Death is said to have occurred on the date stated above, at 3:20 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset
Fracture Skull
Was thrown from Auto mobile in collision on Highway No 13 three miles North of Warrensburg
Other contributory causes of importance:

Name of operation: no 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? Accident Date of injury Sep 25 1934
Where did injury occur? Highway No 13 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway
Manner of injury: Auto mobile injury
Nature of injury: Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. R. Patterson, M. D.
(Address) Warrensburg Mo

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.

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

100M-11-24-33