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.

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

Do not use this space.

FEB 18 1935

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1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township — Primary Registration District No. 3002 — Registered No. 4
City Mexico Mo (No. 930 W Buchanan St. Ward)

2. FULL NAME Jimmie Wayne Biggers
(a) Residence, No. Mexico Mo St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 1934
7. AGE YEARS — MONTHS 2 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Albert Biggers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo

MOTHER
15. MAIDEN NAME Elizabeth Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farber Mo

17. INFORMANT (ADDRESS) Albert F Biggers Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Elmwood DATE 1-6 1934
19. UNDERTAKER (ADDRESS) H A Precht & Son Mexico Mo
20. FILED 1-5 1934 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1935
22. I HEREBY CERTIFY That I attended deceased from Oct 7 1934 to Jan 5 1935
I last saw him alive on Jan 4 1935. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

Dysentary and Catarrhal stomach

Date of onset

Other contributory causes of importance:

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Name of operation none 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) R. V. Gibbs, M. D.
(Address) Mexico Mo

100M-11-24-33