

FEB 21 1935

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

Do not use this space.

505

1. PLACE OF DEATH

County Cedar
Township
City El Dorado Spgs Mo (No.)

Registration District No. 163
Primary Registration District No. 4095

File No.
Registered No. 8
St. Ward)

2. FULL NAME Bertha S. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (OR) WIFE OF) A. S. Higgins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 18797. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 3 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) McClair Co Mo13. NAME George Lyon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT A. S. Higgins (ADDRESS) El Dorado Spgs Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Kidds Chapel DATE Feb 19 193519. UNDERTAKER Walter Funeral Home (ADDRESS) El Dorado Spgs Mo20. FILED 1-24- 1935 W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 193522. I HEREBY CERTIFY That I attended deceased from Jan 17 1935, to Jan 23 1935I last saw him alive on Jan 17 1935. Death is said to have occurred on the date stated above, at 5 a m.

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

Vaginal Carcinoma Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Diagnosis Was there an autopsy Yes

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 injury24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. P. Raper M. D.(Address) El Dorado Spgs

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.

