

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.

MAR 2 1935

1. PLACE OF DEATH

County St. Francois
Township
City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 4464

File No. 2644
Registered No. 2
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Farmington, Mo. St. _____ Ward.

Length of residence in city or town where death occurred 2 yrs. 5 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma offer

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1860

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 9 24

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
11. Date deceased last worked at this occupation (month and year) March 29 1929 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.

13. NAME Robert Brown Highley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sarah Angeline Buse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Fern Masters

18. BURIAL, CREMATION, OR REMOVAL PLACE Keene, Mo. DATE Jan. 4 1935

19. UNDERTAKER (ADDRESS) Farmington, Mo. Co.

20. FILED Jan. 2 1935 R. P. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 1935

22. I HEREBY CERTIFY, that I attended deceased from Apr. 24 1934, to Jan 2 1935
I last saw him alive on Oct 10 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pyelitis with Chronic Nephritis Date of onset 1933

Other contributory causes of importance: 131

Name of operation none Date of _____
What test confirmed diagnosis? Culture & sensitivity Was there an autopsy? no

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. P. Robinson, M. D.
(Address) Farmington Mo

