

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 20 1935

5610

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 7
Township K-1 Primary Registration District No. 1002 Registered No. 925
City Kansas City (No. St. Luke's Hospital) St. Thayer Ward 7

2. FULL NAME

Bettie Higgins (Bertie S. Higgins)

(a) Residence, No. Thayer, Kansas St. 7 Ward 7
(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 OF (OR) WIFE OF Earle O. Higgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Malta Bend Missouri

FATHER
13. NAME John Hottman

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

MOTHER
15. MAIDEN NAME Ellen Wright

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

17. INFORMANT (ADDRESS) Earle O. Higgins Thayer, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer, Kansas DATE Feb 26, 1935

19. UNDERTAKER (ADDRESS) Stephens & McChesney 3235 William Glass

20. FILED 27 35 M. M. Carlson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10/35 19, to 2/26/35 19.

I last saw her alive on 2/25/35 19. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia terminal -
Pelvic abscess
4/8
Other contributory causes of importance:
Concussion in my
Date of onset
2/29
2/19/35
2/1/34

Name of operation Amputation of my leg Date of 2/11/35
What test confirmed diagnosis? pathology Was there an autopsy? (X)

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?
If so, specify _____
(Signed) M. M. Carlson, M. D.
(Address) 1500 First St. Thayer

