SEP 2 3 1935

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

Do not use this space.

27102

File No. .....

Registered No. 47

1. PLACE OF DEATH

County Monroe

Township .....

City Paris

Registration District No. 582

Primary Registration District No. 4344

(No. ....., ..., St. ....., Ward)

2. FULL NAME GEORGIA MAY BIGGERS

(a) Residence, No. ..... St., ... Ward. Perry Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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 Marie Biggers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 5, 1885

7. AGE: Years 49 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kansas City Star

10. Date deceased last worked at this occupation (month and year) AUG. 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PERRY, MO.

FATHER

13. NAME GEORGE BIGGERS.

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

MOTHER

15. MAIDEN NAME LEARH MOORE

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

17. INFORMANT Marie Biggers
(ADDRESS) PERRY, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PERRY, MO. DATE SEPT. 7 1935

19. UNDERTAKER CLYDE C. WILKEY
(ADDRESS) PERRY, MO.

20. FILED AUG 22 1935 H. C. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 22 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

Suicide — Shot self in right temple with 22 Cal. rifle.

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Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/22, 1935

Where did injury occur? Paris Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. E. Johnson, Coroner, M. D.

(Address) MADISON, MO.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.