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.

DEC 13 1935

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

Do not use this space.

31729

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No.

Township ~~Benton~~ — Primary Registration District No. 3001 — Registered No. 208

City Kirksville, Mo. (No. , St. Ward)

2. FULL NAME Mary Isabell Higbee

(a) Residence, No. 515 S. High St., 4th 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Higbee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-11-1848

7. AGE: YEARS 87 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. 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.: Invalid 4 yrs.
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): Deersville, Ohio.

FATHER

13. NAME: Edward Bierney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ashland, Ohio.

MOTHER

15. MAIDEN NAME: Elizabeth Ann Lakin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Walter Higbee, Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park Cem. DATE 11-1, 1935

19. UNDERTAKER (ADDRESS): Summers & Son, Kirksville, Mo.

20. FILED 11-1, 1935 Spencer Meeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-31-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 31, 1935

I last saw her alive on Oct 30, 1935. Death is said to have occurred on the date stated above, at 1 A m.

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

Uremia — Date of onset Oct 25/35

Other contributory causes of importance: Nephritis, Chronic

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

What test confirmed diagnosis? Labor 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) E H Langthlin M. D.

(Address) Kirksville Mo