

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.

NOV 25 1935

33294

1. PLACE OF DEATH McDonald
 County Andrew Registration District No. 578
 Township Andrew Primary Registration District No. 4574
 City Andrew (No. St. Ward)

2. FULL NAME Asa E. Higgs
 (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.

File No. 11935
 Registered No. 31

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Higgs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 2 17

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

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) Virginia

13. NAME Wesley Eppard

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

15. MAIDEN NAME Breedan

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

17. INFORMANT Luther Higgs
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Andrew Mo DATE 10/30 1935

19. UNDERTAKER Geo Patton Mm Co
 (ADDRESS) Andrew Mo

20. FILED Oct 7 1935 Mrs Lee Harper
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1935

I HEREBY CERTIFY, That I attended deceased from Feb 11 1930 to Oct 29 1935
 I last saw him alive on Oct 29 1935 Death is said to have occurred on the date stated above, at 6:38 m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
Arteriosclerosis
 Date of onset 1930

Other contributory causes of importance:

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

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) S. J. Brock M. D.
 (Address)

9522

