

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

Do not use this space

37156

DEC 20 1935

1. PLACE OF DEATH

County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 158

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Moore Griffin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-15-1905</u>		
7. AGE	YEARS	MONTHS
	<u>30</u>	<u>4</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	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) <u>Madison Co., Mo</u>		
MOTHER	13. NAME <u>Law Higbee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La Motte, Mo</u>	
	15. MAIDEN NAME <u>Sophia Eleawordaya</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo., Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Sophia Higbee Friedericktown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>R. of Cemetery</u> DATE <u>11/17</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Fredericktown, Mo</u>		
20. FILED <u>Nov 28 1935</u> <u>T. J. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1935

22. I HEREBY CERTIFY That I attended deceased from Nov. 24 1935, to Nov. 26 1935

I last saw her alive on Nov. 26 1935, Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Post-partum Hemorrhage (Date of onset) Nov. 25 1935
1/4/35

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) Geo. L. Watters, M. D.
(Address) Farmington, Mo

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.

