

JAN 23 1936

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

Do not use this space.

39643

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Stow Primary Registration District No. 1002
City J.C. (No. 701 Linwood Blvd)

File No. _____
Registered No. 4785 St. _____ Ward)

2. FULL NAME

Mannah Jane Higgins
(a) Residence, No. 701 Linwood Blvd 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Higgins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-14-1853</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>NO</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>Retired</u>	
	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) <u>West Virginia</u>		
FATHER	13. NAME <u>Wm H. Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Ann Robb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mr. Jma. Terry</u> (ADDRESS) <u>701 Linwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Raphael Nills</u> DATE <u>Dec. 17 1935</u>		
19. UNDERTAKER <u>A. P. Decker</u> (ADDRESS) <u>1415 East 15</u>		
20. FILED <u>Dec. 17 1935</u> M. Corone Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-14 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1935 to Dec 14 1935
I last saw h. alive on Dec 14 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:
Intestinal haemorrhage
peptic ulcer
Mitral Insufficiency

Date of onset Aug 12/14/35

Other contributory causes of importance: 7-10-35

Name of operation _____ Date of _____
What test confirmed diagnosis? Obese 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? NO
If so, specify _____
(Signed) Tom Sawyer, M. D.
(Address) 1701 Jackson

Every year 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.

1701 Jackson

B.E. 2030