

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

Do not use this space.

APR 21 1936

6085

**1. PLACE OF DEATH**

County Jackson  
 Township Franklin  
 City N. C. Mass. (No. 3227 6 27)

Registration District No. 1003  
 Primary Registration District No. 6 27

File No. ....  
 Registered No. 902 St. .... Ward)

**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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred J. Higman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1853

7. AGE YEARS 83 MONTHS 0 DAYS 1 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. ....  
 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) England

MOTHER 13. NAME William Williams

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

15. MAIDEN NAME No Record

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

17. INFORMANT Mrs. G. P. Baker (ADDRESS) 3643 College ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Albionwood DATE Feb. 21-26

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Broadway, ave

20. FILED 2-20 1936 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 19, 1936

I last saw her alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

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

Broncho Date of onset  
Myocardial Degeneration with circulatory failure 2/7/36  
 Other contributory causes of importance: Bronchial Pneumonia 2/10/36

Name of operation..... Date of.....  
 What test confirmed diagnosis? Physical 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) John M. Powers, M. D.  
 (Address) 332 1/2 E. 27th St.

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.

John P. Adams

27 Indiana

32 - 0919

Total: 200

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