

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

Do not use this space.

791

8428

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. of the Paul Hospital).....
St. Ward)

2. FULL NAME

(a) Residence, No. 4431 Green Ave St. 10 Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 16, 1893</i>		
7. AGE	YEARS <i>42</i>	MONTHS <i>4</i>
	DAYS <i>28</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Chauffeur</i>		
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) <i>St. Louis, Mo.</i>		
13. NAME <i>John Higgins</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
15. MAIDEN NAME <i>Mary Sullivan</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
17. INFORMANT (ADDRESS) <i>Mary Higgins, 4431 Green Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Cory Cemetery, Feb 27, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>J. J. Predeck, 10031 Grand Blvd</i>		
20. FILED FEB 26 1936 <i>J. Predeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-25-1936*

22. I HEREBY CERTIFY, That I attended deceased from *12/30, 1935* to *2/25, 1936*

I last saw him alive on *2/25, 1936*. Death is said to have occurred on the date stated above, at *9 A. M.*

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

non malignant tumor mediastinum (Suggestive aneurysmal type) tumor mass

Date of onset *?*

Other contributory causes of importance: *Syphilis? 34?*

Name of operation *None* Date of *None*

What test confirmed diagnosis? *None* 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) *Thomas Clayton*, M. D.
(Address) *2243 N. Grand*

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.

