

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

Do not use this space.

9676

APR 16 1936

1. PLACE OF DEATH -
 County Cass Registration District No. 156
 Township _____ Primary Registration District No. 4090
 City Harrisonville (No. _____) St. _____ Ward _____
 2. FULL NAME Charles Wesley Hight
 (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 49 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nelia A. Hight
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1863
 7. AGE YEARS 72 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
 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) Illinois
 FATHER 13. NAME George W. Hight
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Sarah E. Morrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT C. D. Eideon
 (ADDRESS) Harrisonville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Orient DATE 3/18 1936
 19. UNDERTAKER Rammensburger Bros & Co
 (ADDRESS) Harrisonville, Mo
 20. FILED March 18, 1936 E. M. Griffith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1936
 22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 16, 1936
 I last saw him alive on March 16, 1936. Death is said to have occurred on the date stated above, at 2:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion with Arteriosclerosis and Hypertension
 Date of onset _____
 Other contributory causes of importance g4B
 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) J. M. Scott M. D.
 (Address) Harrisonville 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.

