

MAY 19 1935

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

Do not use this space.

14384

1. PLACE OF DEATH

County COLE GIRARDEAURegistration District No. 125-Township Cape GirardeauPrimary Registration District No. 3009City Cape Girardeau (No. 1)Hospital St. C. M. A. Hospital

File No. _____

Registered No. 134

St. _____

Ward _____

2. FULL NAME Mrs. Ola Higgins

(a) Residence, No. _____

St. _____

Ward. Campbell No.

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

31119

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Kansas

FATHER

13. NAME Mr. Andrew Greene14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME S. Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT (ADDRESS) Andrew Greene

18. BURIAL, CREMATION, OR REMOVAL

PLACE Campbell No.DATE 4-24-3519. UNDERTAKER (ADDRESS) Laudie Undertaking Co - Campbell No.20. FILED 4-23-35

1935

g.m.

Tompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 193622. I HEREBY CERTIFY, That I attended deceased from April 12 1936 to April 23 1936I last saw him alive on April 22, 1936 Death is said to have occurred on the date stated above, at 1:35 p.m.

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

Hebmonoxy Abscessfollowed by - sepsisfor several days

Date of case

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 _____, 1936

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) W. H. Chesnut(Address) St. Charles, Mo.

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.

