

JUN 20 1936

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

Glynn
Do not use this space.

19151

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. Springfield Baptist Hosp) St. _____ Ward _____

File No. _____
Registered No. 452

2. FULL NAME May Higgins

(a) Residence, No. Stockton Mo. St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1936, to 5-15 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1886

I last saw her alive on 5-14 1936. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 9

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:

OCCUPATION

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

Intestinal obstruction Date of onset 5/5/36
caused from

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 _____

Other contributory causes of importance:

Adhesions peritoneal

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Pendleton, Oregon (STATE OR COUNTRY)

13. NAME James S. Jones

Name of operation Laparotomy Date of 5/12/36
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Sarah C. Kenney

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Eugene Higgins (ADDRESS) Stockton - Mo

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton Mo. DATE May 16 1936

19. UNDERTAKER Herman Lohmeyer Funeral Home (ADDRESS) Springfield Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Robert Glynn, M. D.
(Address) Springfield

20. FILED MAY 16 39 19 _____ Dr. Chas A George Registrar

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

