

JUL 18 1936

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

Do not use this space.

22257

1. PLACE OF DEATH

County Carroll
Township Carrollton
City (No. _____) _____ St. _____ Ward _____

Registration District No. 135
Primary Registration District No. 5188

File No. _____
Registered No. 65

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward C
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 1858

7. AGE YEARS 78 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo

13. NAME Chas Higginbotham

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

15. MAIDEN NAME Amanda Moore

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

17. INFORMANT (ADDRESS) Stanley Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE June 19 1936

19. UNDERTAKERS (ADDRESS) Carrollton Mo

20. FILED 6-18 1936 John Haskins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31 1934, to June 17 1936

I last saw him alive on June 17 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Arterio-capillary fibrosis Date of onset Unk

Other contributory causes of importance

Arterial Sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? C.M.I.C.A. (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) E. E. Brunner M. D.

(Address) Carrollton, 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.

