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.

SEP 29 1936

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

Do not use this space.

32091

1. PLACE OF DEATH
County Ripley — Registration District No. 754 — File No. 25
Township Flatwoods — Primary Registration District No. 5982 — Registered No. 1320
City — (No. , St. Ward)

2. FULL NAME William Ray High
(a) Residence, No. Fairdealing St., Ward.
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1935
7. AGE: YEARS 1 — MONTHS 5 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home.
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) Fairdealing Mo.

FATHER
13. NAME Henry High
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

MOTHER
15. MAIDEN NAME Ina Gertrude Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairdealing Mo.

17. INFORMANT (ADDRESS) Lucy Anderson Harwell Mo R1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cypress Creek Cem. DATE Aug 7 1936
19. UNDERTAKER (ADDRESS) Viola E. Stroud Houghton Mo
20. FILED 8/30 1936 H E White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Aug 7, 1936
I last saw him alive on Aug 4, 1936 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Sleep colitis of child under two year of age

Date of onset

Other contributory causes of importance:

Two year of age

Name of operation none Date of
What test confirmed diagnosis? clinical 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) H E White, M. D.
(Address) Noyler Mo