

DEC 3 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Pike

~~Carver~~

Bowling Green

(No.

Registration District No.

Primary Registration District No.

684

4408

File No.

Registered No.

38677

49

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

25 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Edwin

Biggs (Deed)

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

July 6 - 1856

7. AGE

YEARS

MONTHS

DAYS

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

80

3

20

OCCUPATION

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

at home

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)

Spring Hill

FATHER

13. NAME

Charles Hale

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

Va.

MOTHER

15. MAIDEN NAME

Martha King

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

Ky

17. INFORMANT (ADDRESS)

Joice Biggs Bowling Green mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bowling Green

DATE

Oct. 28 1936

19. UNDERTAKER (ADDRESS)

W. B. Elmore Bowling Green mo

20. FILED

11-10 1936

W. B. Elmore Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Oct. 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 1st.

1936.

to Oct. 26th.

1936.

I last saw her alive on Oct. 26, 1936. Death is said

to have occurred on the date stated above, at 6:40 P.M.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Acute enterocolitis

Name of operation

none

Date of

What test confirmed diagnosis? Was there an autopsy?

Physical findings

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) James B. Biggs M. D.

(Address) Bowling Green, 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.

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