

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

Do not use this space.

41582

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage - M^cGowan - Brooks Hospital St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 614 Grand St., _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 1/2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23, 1864

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>7</u>	<u>27</u>	

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

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) Palmer Ohio

13. NAME George L. Haffley

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

15. MAIDEN NAME Elija Dorst

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

17. INFORMANT Tom L. Higgins (ADDRESS) 614 Grand Carthage, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Cemetery DATE Nov 22 1936

19. UNDERTAKER Fred Martiny (ADDRESS) Carthage, Missouri

20. FILED Nov 22 1936 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1936 to Nov 20 1936
I last saw her alive on Nov 20 1936 Death is said to have occurred on the date stated above, at 11⁴⁵ am.

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

Fracture of 12th Dorsal Vertebrae with resulting debility. Date of onset 10-4-36

Other contributory causes of importance:

Carcinoma of stomach unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-4 1936
Where did injury occur? Carthage, Jasper County, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Struck by automobile
Nature of injury Compression fracture of spine

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) A. E. Boyd, M. D.
(Address) Carthage 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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