

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

Do not use this space.

MAY 28 1936

1. PLACE OF DEATH

County Unknown
Township.....
City Nevada (No.....) (Ward.....)

Registration District No. 9875
Primary Registration District No. 3039

File No. 48228
Registered No. 112

2. FULL NAME

Catherine Sue - Biggs
(a) Residence, No. 846 E. Wooten 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13th 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Nevada, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Esther Biggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, Mo.

17. INFORMANT (ADDRESS) J. C. Biggs, No. 846 Nevada St., Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood DATE April 14, 1936

19. UNDERTAKER (ADDRESS) Coehlinger Funeral Home

20. FILED April 14, 1936 M. Coehlinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 1936

I HEREBY CERTIFY, That I attended deceased from Apr 13, 1936 to Apr 13, 1936. I last saw him alive on Apr 13, 1936. Death is said to have occurred on the date stated above, at Nevada, Mo.

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

Stillborn - eclamptic mother. Date of onset Don't know

Other contributory causes of importance: none

Name of operation..... Date of.....
What test confirmed diagnosis? Exam. 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) W. H. Love, M. D.
(Address) Nevada, Mo.

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.

