

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.

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

Do not use this space.

FEB 29 1937

1. PLACE OF DEATH

County St. Clair
Township Ballins
City Ballins (No. 1)

Registration District No. 762
Primary Registration District No. 6003

File No. 2815
Registered No. _____

2. FULL NAME

John Higgins
(a) Residence, No. _____, 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 Male 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 Mrs. Nettie Higgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1864

7. AGE YEARS 72 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. 1
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perquimans, N. C.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. John Higgins (ADDRESS) Ballins, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fremont Cem. DATE Jan 27 1937

19. UNDERTAKER Prof. Fueston (ADDRESS) Ballins, Mo.

20. FILED Feb 8 1937 Mrs. R. L. Landwehr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1937

22. I HEREBY CERTIFY that I attended deceased from Jan 25 1937, to Jan 25 1937. Last saw him alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 10 a. m.

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

Coronary Atherosclerosis
Date of onset Myocardial infarction

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Cholesterol 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) A. J. Stuthman M. D.
(Address) Ballins, Mo.

