

MAR 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan Registration District No. 285Township 1001 Primary Registration District No. 1001City Joseph (No. M.E. High) St. Cameron, Mo Ward 1File No. 5129Registered No. 213

## 2. FULL NAME

(a) Residence. No. 1 St. Cameron, Mo Ward 1  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Biggerstaff6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10, 18747. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 6 6

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9. BIRTHPLACE (CITY OR TOWN) Plattsburg (STATE OR COUNTRY) Mo10. NAME OF FATHER B.W. Biggerstaff11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky. (STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Brit Know13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky. (STATE OR COUNTRY)14. INFORMANT Olin Biggerstaff (Address) Cameron, Mo15. FILED Feb 16 1937 A J Nestebuck REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7-37 193717. I HEREBY CERTIFY, That I attended deceased from 2-7-37 1937 to 2-16 1937 that I last saw h. a. a. alive on 2-15 1937, and that death occurred, on the date stated above, at 4:20 A.M. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uremia  
myo. myocardial infarct  
(duration) yrs. mos. ds.  
CONTRIBUTORY Prostatic Hypertrophy (SECONDARY)  
(duration) 10 yrs. mos. ds.18. WHERE WAS DISEASE CONTRACTED Cameron Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-11-37WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Cytoscopic - P.S.P.(Signed) Chas Greenberg M. D., 19 (Address) J.R.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cameron, Mo DATE OF BURIAL Feb 18, 193720. UNDERTAKER O A Moore ADDRESS Cameron, 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.

