

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.

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 470 File No. 12425
Township Lawrence Primary Registration District No. 5-6-33 Registered No. 39
City St. Vernon (No. Mo. State Sanatorium) (Ward)

2. FULL NAME

(a) Residence, No. Springfield St., 3 Ward. (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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 0 23

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

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) Corinth, Ill.

13. NAME Robert W. Biggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Hertense V. Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Dr. Reed

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE March 23 1937

19. UNDERTAKER (ADDRESS) Robert Funeral Home
St. Vernon Mo

20. FILED March 23 1937 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-37 19

22. I HEREBY CERTIFY, That I attended deceased from 2-18-37, 19, to 3-22-37, 19.

I last saw him alive on 3-22-37, 19. Death is said to have occurred on the date stated above, at 2:10 m. p.

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

Pneumonia; Tuberculosis Date of onset 19/36

Other contributory causes of importance: 23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes

If so, specify (Signed) Charles B. Mellis, M. D.
(Address) St. Vernon

