

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.

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Appleton
City Appleton (No. _____)

Registration District No. 761
Primary Registration District No. 4456
6002

File No. 13229
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Belle Biggs

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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philander N Biggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-11-1863
7. AGE YEARS 73 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Mar 7, 1937
I last saw him alive on Mar 5, 1937. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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 _____

Chronic myocarditis
Other contributory causes of importance: _____
Date of onset _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
FATHER 13. NAME Robert Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Rung Dearnau
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____

17. INFORMANT Bela Bracy (ADDRESS) Appleton City Mo
18. BURIAL, CREMATION OR REMOVAL PLACE Appleton City DATE Mar 9, 1937
19. UNDERTAKER Francis Lee (ADDRESS) Appleton City
20. FILED Mar 10, 1937 R. R. Kenney Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Joseph B. O'Neill, M. D.
(Address) Appleton City, Mo

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