

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

Do not use this space.

33494

OCT 19 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Townshp Law Primary Registration District No. 1002
 City St Louis (No. Gen Hosp #2) St. _____ Ward _____

2. FULL NAME Eddie Higgins
 (a) Residence, No. 1228 Olive 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.

File No. _____
 Registered No. 33494

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 30 10 25

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I first saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Homicide
Sun shot wound of Head
173

Date of onset _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson ark

13. NAME John Henry Haggens

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

15. MAIDEN NAME Irene Rhodes

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

17. INFORMANT (ADDRESS) Irene Casey
1802 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mable Hill DATE 10-30-1937

19. UNDERTAKER (ADDRESS) Adkins Bros.
2000 E. 12th

20. FILED Sept 30 1937 M. M. Growe
 Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide
 Where did injury occur? 1238 Passo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 1238 Passo in home
 Manner of injury Sun shot wound of
 Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Luman Richardson M. D.
 (Address) 1832 Pine

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.

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