

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

Do not use this space.

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2358

1. PLACE OF DEATH
 19 County Cass Registration District No. 159
 Township West Primary Registration District No. 4093 File No. _____
 City Strasburg (No. _____) St. _____ Registered No. 2 Ward _____
 2. FULL NAME Charles Lacy Highbarger - 216
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Jane Highbarger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 7 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Douglas County Mo.
 FATHER 13. NAME David Highbarger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Martha Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Mrs. Bessie M. Lutz
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Feb 2 - 1938
 19. UNDERTAKER (ADDRESS) W. Beckman, M.D.
 20. FILED 1/31 1938 Registrar. W. Beckman, M.D.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Jan 31, 1938
 last saw him alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 1.9 m.
 The principal cause of death and related causes of importance were as follows:
Bronchio-Pneumonia Date of onset _____
 Other contributory causes of importance Chr. Myocarditis
RECEIVED
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (not above), fill in also the following:
 Accident, suicide, or homicide FEB 23 1938 Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether in **BUREAU OF VITAL STATISTICS** or elsewhere in public place.
MO. STATE BOARD OF HEALTH
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. B. Murray, M. D.
 (Address) Pleasant Hill, 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.

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