

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

Do not use this space.

3937

**1. PLACE OF DEATH**

County St. Clair Registration District No. 1020  
 Township Washington Primary Registration District No. 6600  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Riley Higgins 252  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
 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) St. Clair, Missouri

FATHER 13. NAME Marion F. Higgins

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

MOTHER 15. MAIDEN NAME Elizabeth Leonard

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

17. INFORMANT Kay Higgins  
 (ADDRESS) Collins Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Grove Cem DATE Jan 30 1938

19. UNDERTAKER Joseph A. Frazier  
 (ADDRESS) Collins Ave

20. FILED 4-9 1938 O. E. Burton  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 7 1937 to Jan 27 1938  
 I last saw her alive on Jan 27 1938 Death is said to have occurred on the date stated above, at 9 A.M.  
 The principal cause of death and related causes of importance were as follows:

Prostatic Obstruction  
Cystitis

Other contributory causes of importance: 157

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? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? no  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Preston Sterrett M. D.  
Collins no

RECORDED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3937 <sup>7</sup>  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 1025-  
(b) Township Washington Primary Registration District No. 6004 Registered No. 1  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Riley Higgins  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 11 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as 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).....

FATHER 13. NAME.....  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

MOTHER 15. MAIDEN NAME.....  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

19. FUNERAL DIRECTOR (ADDRESS).....

20. FILED April 9, 1938 O. E. Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to..... 19.....  
I last saw him..... alive on..... 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:

Date of onset

Other contributory causes of importance:

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.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) Preston Sterrett, M. D.  
(Address) Collins

SUPPLEMENTARY

1938

S-3937