

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County Dickman } Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. State Hosp #2)

File No. 6126
Registered No. 202
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ludlow Mo. St. _____ Ward. Ludlow Mo.
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. T. Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 10 17

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

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) 1937 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ludlow Mo

FATHER 13. NAME Joseph Higgins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

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

17. INFORMANT (ADDRESS) State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Ludlow Mo DATE 2-14-1938

19. UNDERTAKER (ADDRESS) B. J. Neal
Ludlow Mo.

20. FILED 2/10 1938 J. H. Heston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1937, to Feb 12 1938

I last saw him alive on Feb 12 1938 Death is said to have occurred on the date stated above, at 1 P. m.

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

Coronary Heart Disease Only
94%

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Ralph Kuhlman M. D.
(Address) State Hosp #2

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.

6th Sept 1949

WILL P. L.