

REC'D JUN 17 1938

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

18027

Do not use this space.

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201
(b) Township Liberty Primary Registration District No. 3280 Registered No. 39
(c) City Liberty (d) Street No. COUNTY JAIL 3012 St.
(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 William Higgins

(a) Residence, No. 252 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE BLACK 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unk

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unk
9. Industry or business in which work was done, as saw mill, bank, etc. unk
10. Date deceased last worked at this occupation (month and year) unk 11. Total time (years) spent in this occupation unk

12. BIRTHPLACE (CITY OR TOWN) Detroit
(STATE OR COUNTRY) MICHIGAN

13. NAME unk

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

15. MAIDEN NAME unk

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

17. INFORMANT apt L. G. Pence
(ADDRESS) Liberty MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE County Home DATE 5/12 '38

19. FUNERAL DIRECTOR Brothers Linniger and Schuler
(ADDRESS) Liberty Missouri

20. FILED 5/12 19 38 ET Brant
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 25 1938 to May 18 1938

I last saw him live on May 11 1938 Death is said to have occurred on the date stated above, at Liberty Mo.

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

Diphtheria

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 Sp. M. Anderson
(Signed) Sp. M. Anderson, M. D.

183 (Address) Liberty, Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)