

DEC'D JUL 19 1938

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

21752

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dent Registration District No. 266  
 (b) Township Short Bend Primary Registration District No. 5277  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 John Biggs

(a) Residence, No. \_\_\_\_\_ St. ☐ \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ellis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) St. Jenieve Co (STATE OR COUNTRY) Mo

FATHER 13. NAME James Biggs  
 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Jane Ellis  
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Mo

17. INFORMANT Walter Biggs (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Lake Cem DATE June 21 1938

19. FUNERAL DIRECTOR Carl K. Spencer (ADDRESS) Salem Mo

20. FILED June 22 1938 J. E. Butler MD Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1938

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ 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:

Atherosclerosis

Date of onset

Other contributory causes of importance:

Chronic MyocarditisName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Examination Was there an autopsy? Yes

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? No

If so, specify \_\_\_\_\_

(Signed) J. E. Butler MD M. D.(Address) Salem Mo

STATEMENT BY LICENSED EMBALMER

I, Carl K. Spencer, Licensed Embalmer No. 2370

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Carl K. Spencer

.....L. E. ....

No. .... or by William C. Sprague Registered Apprentice No. ....

working under my personal supervision.

Signed Carl K. Spencer

Licensed Embalmer No. 2370

**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.)**