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.

REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Taney
Registration District No. 859
File No. 30203
108 Township Branson
Primary Registration District No. 6128
Registered No. 28
City Branson (No. ..... St. ..... Ward)

2. FULL NAME Mable Mildred Higgs -200
(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

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 Clyde Higgs.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10th 1892
7. AGE YEARS 45 MONTHS 11 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.
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) Seneca Mo.

FATHER
13. NAME John W Buzzard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

MOTHER
15. MAIDEN NAME Rosa Sherwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

17. INFORMANT (ADDRESS) Clyde Higgs Branson Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Seneca Mo DATE 8/27 1938
19. UNDERTAKER (ADDRESS) R O Whelchel Branson Mo
20. FILED 8/26 1938 John H Baxter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25- 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1938 to Aug 25 1938
I last saw her alive on Aug 25 1938 Death is said to have occurred on the date stated above, at 4:00 P m.
The principal cause of death and related causes of importance were as follows:
Auto-Intoxication
Malaria
38
Date of onset
Other contributory causes of importance:
C. Chronic alcoholism
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) Guy B Mitchell, M. D.
(Address) Branson Mo

RECEIVED
District Health Officer No. 6,
6-38-53
9-20-88