

OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Gasper

Registration District No. 406

File No. 32427

Township Carl Junction

Primary Registration District No. 4240

Registered No. 28

City Carl Junction (No. _____) St. _____ Ward _____

2. FULL NAME William C. High

(a) Residence, No. 312 E. Allen St. 2 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floa Belle High

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 8 5

8. Trade, profession, or particular kind of work done, as shoe repair planner, sawyer, bookkeeper, etc.

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) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

13. NAME Fred High

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

15. MAIDEN NAME no record

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

17. INFORMANT Clyde High (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction, Mo. DATE Sept 25 38

19. UNDERTAKER Roney Und. Co. (ADDRESS) Carl Junction, Mo.

20. FILED Sept 24, 1938 C. W. Roney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-23 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 2 a. m. 9/23/38

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

Heart Berets Date of onset _____

Other contributory causes of importance. 95%

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) R. J. Winchester Registrar

(Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-315

Date Filed 10/14/28