

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

DEC'D FEB 24 1939

3425

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township Edalia Primary Registration District No. 3032  
 City Edalia (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 49 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 408 W. Pettis 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 Male 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
97 2 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1888 11. Total time (years) spent in this occupation \_\_\_\_\_

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

MOTHER FATHER 13. NAME Joseph Higginson Sr

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) ?

15. MAIDEN NAME Shariet Brown

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

17. INFORMANT Catherine Young (ADDRESS) Edalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edalia Mo DATE Feb 13 1939

19. UNDERTAKER H. D. Ferguson (ADDRESS) 119 S Jefferson St

20. FILED 2-13 1939 Mrs Harry Snaed Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 10 1938 to Feb 11 1939

I last saw him alive on Feb 11 1939. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

Chronic myocardium  
arteriosclerosis

Other contributory causes of importance:  
Chronic valvular nephritis  
arteriosclerosis

Name of operation none Date of none  
 What test confirmed diagnosis? Chrom 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? W.  
 If so, specify \_\_\_\_\_

(Signed) Chasmond M. D.  
 (Address) Satohia Mo

Mc. neil

