

RECORDED MAY 16 1936

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

14651
Do not use this space.

1. PLACE OF DEATH
 (a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 3013
 (c) City Cameron (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. da.

2. PRINT FULL NAME 235 Mrs Nancy Ellen Higdon
 (a) Residence, No. North Lain St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. T. Higdon, Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>74</u>	<u>10</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) Lock Haven Pa.

FATHER
 13. NAME David Watson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pa.

MOTHER
 15. MAIDEN NAME Mary Berry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia.

17. INFORMANT Mrs J. J. Boswell (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fort Scott Kansas DATE April 12, 1939

19. FUNERAL DIRECTOR O. A. Moore. (ADDRESS) Cameron, Mo.

20. FILED 4/17 # 39 W. A. R. L. L. (Address) Cameron Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1937 to April 11, 1939
 I last saw U alive on April 7, 1939. Death is said to have occurred on the date stated above, at 12:27A m.
 The principal cause of death, and related causes of importance were as follows:
Chronic Pulmonary Tuberculosis Date of onset 70

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum 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? X
 If so, specify _____ (Signed) W. A. R. L. L. M. D.
 (Address) Cameron Mo.

I. X12004
 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. 111

District File Number.....

Date Filed MAY 8 1939

STATEMENT BY LICENSED EMBALMER

I, W Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W Moore

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W Moore

Licensed Embalmer No. 1180

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.)