

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

*Dr. Frank C.*  
**26534**  
 Do not use this space.

**REC'D AUG 22 1939**

**1. PLACE OF DEATH**

(a) County platts Registration District No. 677  
 (b) Township Rolla Primary Registration District No. 5901  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

William Albert Higgins  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <u>married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Margaret Trauger Higgins</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>July 14, 1883</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>56</u>	<b>MONTHS</b>	<b>DAYS</b> <u>21</u>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.</b> <u>Real Estate Dealer</u>			
	<b>9. Industry or business in which work was done, as saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Deer Co Mo.</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Dave Higgins</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Deer Co Mo.</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Lillie Keaton</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Deer Co Mo.</u>			
<b>17. INFORMANT (ADDRESS)</b> <u>Miss Ruth Higgins Rolla Mo</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Rolla</u> DATE <u>7/27</u> 19 <u>39</u>				
<b>19. FUNERAL DIRECTOR (NAME) (ADDRESS)</b> <u>Mrs Harry McCaw Rolla Mo</u>				
<b>20. FILED</b> <u>July 27, 1939</u> <u>J. F. Myers</u> <u>610</u> (Address) <u>Local Registrar</u>				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 7/25, 1939

**22. I HEREBY CERTIFY**, That I attended deceased from 7-24, 1939, to 7-25, 1939  
 I last saw him alive on 7-25, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Haemorrhage  
*(cause unknown)*

Date of onset \_\_\_\_\_

Other contributory causes of importance: ??

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?** no  
 If so, specify \_\_\_\_\_  
 (Signed) E. E. Fain, M. D.  
Rolla, Mo.

RECEIVED

District Health Officer No. 5,  
District File Number 8-39-37  
Date Filed 8-10-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Robert F. McCaw  
Licensed Embalmer No. 3953  
P. O. Address Rolla Mo

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.)

If this body is not embalmed, above space should be left blank.