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.

98 550

REC'D SEP 15 1939

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

Do not use this space.

1. PLACE OF DEATH — 2 / 1
County Schuyler — Registration District No. 806
Township Prairie — Primary Registration District No. 4485
City Queencity Mo., (No. 209, St., Ward) — File No. 30329
Registered No.

2. FULL NAME Emma Floid Biggs

(a) Residence, No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Cass Biggs (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7th 1870

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) About Nine Months
11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Queencity Mo,

FATHER
13. NAME C.W.Hight — 0 / 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisana

MOTHER
15. MAIDEN NAME Nannie E,Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Nannie E.Wallis
(ADDRESS) Queencity Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queencity Cem, DATE Aug 18 19 39

19. UNDERTAKER William N.West
(ADDRESS) Queencity Mo,

20. FILED 8/16 19 39 Olin B Jones Deputy - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug.,15" 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5" 19.., to 39 Aug.14" 1939
I last saw her alive on Aug.,14" 19 39 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of heart	1924

92 H

Other contributory causes of importance:

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) Joe Ely, M. D.
718 (Address) Queen City, Mo.

RECEIVED
District Health Officer No. 10
District File Number 9-39-1549
Date Filed SEP 7 1939