

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

Do not use this space.

17761

File No. _____
Registered No. 69
St. _____ Ward _____

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 54883018
City Clinton (No. Clinton Hospital)

2. FULL NAME John W. Biggs

(a) Residence. No. 120 E. Green St. 1 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 Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Padfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-29-1861

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs.	or min.
	<u>69</u>	<u>8</u>	<u>-</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Janitor 236
(b) General nature of industry, business, or establishment in which employed (or employer) Franklin School
(c) Name of employer City of Clinton

9. BIRTHPLACE (CITY OR TOWN) Hancock County
(STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER John Biggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hancock Co.
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Elizebeth Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT Bertha Biggs
(Address) Clinton, Missouri

15. FILED 5/30, 1931 Dr. E.C. Peelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1931

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to May 29, 1931.
that I last saw him alive on May 28, 1931, and that death occurred, on the date stated above, at 5:15 a.m.

115A THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic infection
36urlgunture in tongue
distributed to other
parts of body

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) M. D., M. D.
, 19 _____ (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 5-30-31¹⁹

20. UNDERTAKER W.H. SIMS ADDRESS Clinton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1931

PARENTS

