

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

Do not use this space.

38613

**1. PLACE OF DEATH**

12 County Benton  
Township Wesley  
City Wesley (No.        Ward       )

Registration District No. 88  
Primary Registration District No. 5130

File No.         
Registered No. 41

**2. FULL NAME**

(a) Residence, No.        St.        Ward         
(Usual place of abode)  
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.  
Wesleyville  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875 Est.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 Est.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Wilson Higley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Henry Higley  
(ADDRESS) Wesleyville

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Coon Island DATE 12-17 1932

19. UNDERTAKER Friends & neighbors  
(ADDRESS)       

20. FILED 12-17 1932 B. L. Turner  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1932

22. I HEREBY CERTIFY, That I attended deceased from        19       to        19      

I last saw him alive on        19      . Death is said

to have occurred on the date stated above, at 10 A. m.

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

Date of onset

Lobar Pneumonia  
HA  
108  
Other contributory causes of importance: Influenza (5)

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) Richard Reynolds Coroner

(Address) Poplar Bluff, Mo

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.

JAN 21 1933

