

**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 Registration District No. 88
Township Wesley Primary Registration District No. 5190
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 41

2. FULL NAME

Wilson Higley
(a) Residence, No. _____ St. _____ Ward Wesleyville
(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 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) Kentucky²

13. NAME Wilson Higley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known^{3/1}

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

2 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 h_____ 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:

Lobar Pneumonia
HA
108 Other contributory causes of importance: INFLUENZA (5)
Date of onset _____

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

