

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

Do not use this space.

29041

1. PLACE OF DEATH  
 County Henry Registration District No. 348  
 Township Clinton Primary Registration District No. 5488-3018  
 City Clinton (No. West, Franklin) St. 2 Ward 2  
 File No. \_\_\_\_\_ Registered No. 116 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William C. Biddelcomb  
 (a) Residence, No. West Franklin St. 2 Ward 2  
 (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 <b>Male</b>	4. COLOR OR RACE <b>Caucasian</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Anna V. Driggers</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>4-11-1858</b>		
7. AGE YEARS <b>76</b>	MONTHS <b>4</b>	DAYS <b>17</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>		
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) <b>Detroit Michigan</b>		
13. NAME <b>Isac Biddelcomb</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Marine City Michigan</b>		
15. MAIDEN NAME <b>Elizabeth Kelley</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Marine City Michigan</b>		
17. INFORMANT <b>Mrs. R. M. Wigton</b> (ADDRESS) <b>Federal Point, Florida</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Englewood</b> DATE <b>8-30-1934</b>		
19. UNDERTAKER <b>St. Josephs Funeral Home</b> (ADDRESS) <b>Clinton, Miss.</b>		
20. FILED <b>8-30</b> 19 <b>34</b> <b>J. B. Haupt</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934, to Aug 28, 1934  
 I last saw him alive on Aug 28, 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Idiopathic colitis Date of onset Aug 12/34  
936  
1200 936  
 Other contributory causes of importance chronic myocarditis 1933

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) S. B. Hughes, M. D.  
 (Address) Clinton, 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.

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

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2  
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