

DEC 18 1936

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

Do not use this space.

41066

1. PLACE OF DEATH

County Henry
Township Maerz
City No.

Registration District No. 355
Primary Registration District No. 5498

File No.
Registered No. 7 St. Ward)

2. FULL NAME

(a) Residence, No. Mary C. Biggs St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Ed. Biggs
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 | 4 | 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Henry Co Mo

13. NAME Arch Polson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME H M Davier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopewell DATE 11/19 1936

19. UNDERTAKER (ADDRESS) F Lemarty
Montreal Mo

20. FILED 11-20 1936 W E Baggarly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Nov 17 1936

I last saw her alive on Nov 17 1936 Death is said to have occurred on the date stated above, at 8 p. m.

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

Toxic thyroid adenoma
duration several years

Date of onset

Other contributory causes of importance:

Name of operator W. W. Walter Date of

What test confirmed diagnosis? Cervical 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 ✓, 1936

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) W. W. Walter, 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.

