

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

Do not use this space.

30850

File No. 249
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Cole Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 607 1/2 State St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) _____ H. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Mo.

13. NAME Phillip Higgins

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Thomas Higgins
607 1/2 State

18. BURIAL, CREMATION, OR REMOVAL PLACE Myron Mo. DATE 9/24, 1931

19. UNDERTAKER (ADDRESS) Dawson Gaudin
Jefferson City Mo.

20. FILED 10-5-31 1931 W. Redford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1931
22. I HEREBY CERTIFY That I attended deceased from Aug 5, 1931, to Sept 26, 1931
I last saw him alive on Sept 25, 1931. Death is said to have occurred on the date stated above, at 11 o'clock.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach & other abdominal organs
Date of onset 46 B
53 E

Other contributory causes of importance: none

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) Jas. P. Hill, M. D.
(Address) Jefferson City 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.

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