

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

Do not use this space.  
20433

1. PLACE OF DEATH

County Andrew  
Township Empire  
City Union Star (No. 15 Ward)

Registration District No. 15  
Primary Registration District No. 5018

File No. 12  
Registered No. 12

2. FULL NAME

(a) Residence. No. Union Star, Mo. St. Union Star, Mo. Ward.

(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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (print the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Joseph Higgins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 3 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rochester  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT F. O. Higgins  
(Address) Union Star

15. FILED 7/2, 1931 C. J. Gaffney  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-29-31

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1931 to June 29, 1931 that I last saw him alive on June 29, 1931, and that death occurred, on the date stated above, at 3:0 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute pericarditis  
90 R  
511 A

CONTRIBUTORY (SECONDARY) uterine fibroids (duration) 6 yrs. 6 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? excitation + percussion  
(Signed) A. O. Varner, M. D.

(Address) Union Star Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Union Star Cemetery DATE OF BURIAL June 30 1931

20. UNDERTAKER H. C. Wilson ADDRESS King City Mo.

X. 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.

JUL 22 1931

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Andrew  
Township Empire  
City      (No.     )

Registration District No. 13  
Primary Registration District No. 3018

File No.       
Registered No. 12  
St.      Ward     

**2. FULL NAME**

(a) Residence, No. Mary Frances Higgins St.      Ward     

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>wid</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>1/2 31 E. Higgins</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said

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

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

acute pericarditis Date of onset

Other contributory causes of importance:

intermittent fever

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)....., M. D.

(Address).....

**SUPPLEMENTARY**

EXACTLY. PHYSICIANS show to element of OCCUPATION is very imp. item of information should be carefully supplied. At OF DEATH in plain terms, so that it may be properly class. FARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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