

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

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.

MAY 24 1932

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

Do not use this space.

16929

1. PLACE OF DEATH

County Newton Registration District No. 609
Township Newho Primary Registration District No. 4363
City Newho (No. 325) Dr Johns St. _____ Ward _____

File No. 42
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 325 St. Johns 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Wm E Buesch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>88</u>	<u>6</u>	<u>15</u>	

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

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 _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburgh Scotland

FATHER 13. NAME John Higgie

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

MOTHER 15. MAIDEN NAME Ann Mitchel

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

17. INFORMANT (ADDRESS) Mrs Arthur Hutchison Newho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Lams DATE May 20 32

19. UNDERTAKER (ADDRESS) Byham's Newho Mo

20. FILED 5/25 32 R. E. Maxwell Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11 1932 to May 19 1932

I last saw her alive on May 15 1932 Death is said to have occurred on the date stated above, at 8:45 am.

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

Apoplexy
131 1st St
824 Left Side
131
Chronic Interstitial Nephritis
Date of onset 5/11/32

Other contributory causes of importance: _____

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) Chas Sale M. D.

(Address) Newho Mo

