Dr. Steckman.

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

Do not use this space.

38967

1. PLACE OF DEATH
County Clinton — Registration District No. 207 — File No. 19
Township — Primary Registration District No. 4125 — Registered No. 83
City Plattsburg (No. ..... St. ..... Ward)

25
4
2

2. FULL NAME Thos Biggerstaff

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Biggerstaff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1873

7. AGE: YEARS 59 — MONTHS 9 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237
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) Unknown 31

FATHER
13. NAME Geo. Biggerstaff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs Maude Young Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plattsburg Mo DATE 12-17 1932

19. UNDERTAKER (ADDRESS) Nelson & O'Brien Plattsburg Mo

20. FILED 12/17 1932 C W Chastain Deputy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov - 30, 1932, to Dec - 15, 1932
I last saw him alive on Dec - 14, 1932. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Nov 29
Ch 131	
11B 131	
Other contributory causes of importance: Chronic Sephritis	as more 10 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Albumen. 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) B. W. Steckman, M. D.
(Address) Plattsburg Mo.

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

MARGIN RESERVED FOR BINDING

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.

JAN 22 1933