

JUN 17 1937

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

Do not use this space.

19566

1. PLACE OF DEATH

12 County Bethel
Township
City Neelyville (No. 2)

Registration District No. 88
Primary Registration District No. 4054

File No.
Registered No. 31 St. Ward

2. FULL NAME

William Louis Biggs
(a) Residence, No. Neelyville Mo St. Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) July 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Indiana

13. NAME Theophilus Biggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Indiana

15. MAIDEN NAME Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Indiana

17. INFORMANT (ADDRESS) W. L. Biggs, Neelyville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville C-y DATE May 2, 1937

19. UNDERTAKER (ADDRESS) Annies Gish, Neelyville Mo

20. FILED 5-2-1937 B. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937 to May 1st, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 11:30 A. m.

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

Cerebral Hemorrhage Date of onset 3-22-37

Other contributory causes of importance: arterio-sclerosis

Name of operation 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) B. L. Turner, M. D.

(Address) Neelyville, 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.

