REC'D JUN 24 1938

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

Do not use this space.

19663

1. PLACE OF DEATH
County Scotland Co | Registration District No. 810 | File No.
Township Union | Primary Registration District No. 6056 | Registered No. 20
City (No. St. Ward)

2. FULL NAME Edward Jay Biggs 200
(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 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

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Georgia M Biggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1869

7. AGE: Years 68 | Months 11 | Days 2 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scotland Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Dr William Biggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Utica New York
12. MAIDEN NAME OF MOTHER Lucy Goodloe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Montland
(STATE OR COUNTRY) Virginia

14. INFORMANT Georgia M Biggs
(Address) Arbela Mo

15. FILED MAY 21 1938 F. E. Parrish REGISTRAR
725

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/20 1938

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to April 1, 1938 that I last saw him alive on April 1, 1938 and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of throat
(duration) 45 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P M Baker, M.D
, 19 (Address) Memphis 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: Prairie View | DATE OF BURIAL: May 21st 1938

20. UNDERTAKER: E G Wellborn | ADDRESS: Cantril 2