

AN 21 1929

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

Do not use this space.

39339

1. PLACE OF DEATH

County Barry  
Township Exata  
City Exata (No. ....) St. .... Ward)

Registration District No. 34  
Primary Registration District No. 6239

File No. ....  
Registered No. 13

2. FULL NAME

Paul Ellen Marjelle Higgs  
(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 5 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Chester Higgs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-16-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
21 2 26

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) Butterfield  
(STATE OR COUNTRY) MO

10. NAME OF FATHER S. W. Keeling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin  
(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Sarah Drake

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

14. INFORMANT S. W. Keeling  
(Address) .....

15. FILED 12-13 1928 Max H. P. Seay  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec  
7th 11 ....., 1928, to Dec 12 ....., 1928  
that I last saw her alive on 1 P.M. Dec 12 1928, and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
3 days (duration) .... yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) .....

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

8 DID AN OPERATION PRECEDE DEATH? .....

18 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Oscar S. Conner, M. D.  
, 19 (Address) Barry, 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 Maplewood DATE OF BURIAL Dec. 13 1928

20. UNDERTAKER Barr + Blankenship ADDRESS Exata 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.

