

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

Do not use this space.

17051 *Hines*

1. PLACE OF DEATH

City *Dorman* Registration District No. *875*
 Township *Washington* Primary Registration District No. *6162*
 City *Nevada* (State) *Mo.* St. *Mo.* Ward)

2. FULL NAME

Higgins, J. Hannah
 (a) Residence No. *240 Taylor #3* St. *Mo.* Ward. *Mo.*
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. H. T. Hannah*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 7

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) *Mo.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *not known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Mo.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mo.*
 (STATE OR COUNTRY)

14. INFORMANT *Co. Clerk Berry Co.*
 (Address) *Paraselle, Mo.*

15. FILED *4/30/29* *E. R. King* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 1929*

17. I HEREBY CERTIFY, That I attended deceased from *April 1929* to *April 4 1929*
 that I last saw *him* alive on *April 1 1929*, and that death occurred, on the date stated above, at *1:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis with chronic myocarditis
152 99
111 B (duration) *1* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *pulmonary status*
 (duration) *9* yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *Mo.*

WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS? *clinical*
 (Signed) *J. T. D. King* M. D.

4/4 1929 (Address) *Nevada, 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 *Deeter mo* DATE OF BURIAL *April 4 1929*

20. UNDERTAKER *Allen U. Hays, Nevada, 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.

DEPARTMENT RECORD

08

May 29 1929

31

31

