

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry  
Township Liberty  
City Wasson (No.     )

Registration District No. 34  
Primary Registration District No. 5050

File No. 28235  
Registered No. 78  
St.      Ward     

**2. FULL NAME**

(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 0 yrs.      mos.      ds. How long in U. S., if of foreign birth? yrs.      mos.      ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> HUSBAND OF <u>    </u> (OR) WIFE OF <u>    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-12-1867</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>1</u> DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>97</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>    </u>		10. Date deceased last worked at this occupation (month and year) <u>    </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. P. Mo.</u>		
FATHER	13. NAME <u>Annexis S. Higgins</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. P. Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Dee P. N.</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. P. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Laurencee Hedrick Wasson Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wasson</u> DATE <u>8-17-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Barry &amp; Blankenship 2700 Olive, Mo.</u>		
20. FILED <u>8-17-1934</u> <u>mo. H.P. Seary</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934, to Aug 14 1934.  
I last saw him alive on Aug 14 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis ?  
Rheumatoid Arthritis 1925  
(Confined 15 years)

Date of onset     

Other contributory causes of importance:  
    

Name of operation      Date of       
What test confirmed diagnosis?      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) E. M. Claudio  
(Address) Caseville Mo.

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

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.

