

REC'D MAR 9 1939

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

5803

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
(b) Township Wheaton Primary Registration District No. 5042e Registered No. 7
(c) City Wheaton (d) Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

203 Alice May Smallwood Higgo
(a) Residence, No. Exeter, Mo. R#1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Harold Higgo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 3 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Stone Co. Mo. (STATE OR COUNTRY) Mo.

13. NAME L. E. Smallwood
14. BIRTHPLACE (CITY OR TOWN) Douglas Co. Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elle Neill
16. BIRTHPLACE (CITY OR TOWN) Stone Co. Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT L. E. Smallwood (ADDRESS) Exeter, Mo. P. R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Exeter Cem DATE 2-21-39

19. FUNERAL DIRECTOR (NAME) Roan Funeral Home (ADDRESS) Cassville, Mo.

20. FILED Feb. 21, 1939 Donald Blankenship Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939 to Feb 19 1939

I last saw her alive on Feb 19 1939. Death is said

to have occurred on the date stated above, at 2:30 A.M.

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

Aortic Regurgitation Date of onset _____
Structural in early childhood

Other contributory causes of importance: Phonetic regurgitation 1931 1938

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) John R. Ellison M.D. (Address) Wheaton Mo.

RECEIVED

HEALTH DEPARTMENT

STATE OF MISSISSIPPI

HEALTH DEPARTMENT

District Health Officer No. 6,

District File Number 6-39-469

Date Filed MAR 4 1939

MAR 5 1948



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Eugene Wood

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address

Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.