

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

Do not use this space.

27155

1. PLACE OF DEATH

94 County St. Francois Registration District No. 773
 Township Near Farmington Mo. Primary Registration District No. 6018A
 City Near Farmington Mo. No. _____ St. _____ Ward _____

File No. _____
 Registered No. 92
 St. _____ Ward _____

2. FULL NAME

Mary J. Highley
 (a) Residence, No. _____ Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos Highley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12-1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, 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, STATE OR COUNTRY) <u>Farmington Mo. 1</u>		
FATHER	13. NAME <u>Wm. B. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Conn. 2</u>	
MOTHER	15. MAIDEN NAME <u>Mary Cole</u>	
	16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Farmington Mo. 1</u>	
17. INFORMANT (ADDRESS) <u>Marrice Highley Farmington R.F.D. # 4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>R of P. Family</u> DATE <u>Aug 23 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Farmington Land Co. Farmington Mo.</u>		
20. FILED <u>Aug 22 1932</u> <u>T. J. Robinson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1928 to Aug. 21 1932
 I last saw h. er alive on Aug. 20 1932 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis
Uremia
 Date of onset Jan. 1 1928

Other contributory causes of importance:
①

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) Geo. R. Watkins M. D.
 (Address) Farmington 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.

SEP 26 1932

