FEB 23 1928

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

Do not use this space.
1906

1. PLACE OF DEATH
County: Montgomery — Registration District No. 592 — File No. One
Township: — Primary Registration District No. 4350 — Registered No.
City: Montgomery City (No. ..... St. ..... Ward)

2. FULL NAME: Thomas O. 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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mamie V. Higgs
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 4 - 1855
7. AGE: Years 72 — Months 10 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired News Paper man
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co. Mo.

PARENTS
10. NAME OF FATHER: John F. Higgs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co.
12. MAIDEN NAME OF MOTHER: Jane Jeffi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Hughes
(Address): Montgomery City Mo.
15. FILED: Jan 6, 1928 — J. J. Bartley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 5 1927
17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1927, to Jan 5, 1928, that I last saw him alive on Jan 5, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis - Catarrhal Pneumonia
726
10 yrs (duration) yrs. mos. 10 ds.
10 1-B
CONTRIBUTORY (SECONDARY): Hodgkin's Disease.
(duration) yrs. mos. ds.
65B
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? yes.
DID AN OPERATION PRECEDE DEATH? No. DATE OF: ✓
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) David Nowlin, M. D.
, 19 (Address) Montgomery City, 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: Montgomery City Cemetery — DATE OF BURIAL: 1/7 27
20. UNDERTAKER: Chas Griffin — ADDRESS: Montgomery City 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.