

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

8500

**1. PLACE OF DEATH**

County Gentry  
Township Lithens

Registration District No. 309  
Primary Registration District No. 5427

File No. ....  
Registered No. 13 .....

**2. FULL NAME**

William Glen Higgs

(a) Residence. No. .... St. .... Ward. ....

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1927

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.  
6 | 30

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(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) Hannibal Mo.

10. NAME OF FATHER O. L. Higgs

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

12. MAIDEN NAME OF MOTHER Goldie Parks

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

14. INFORMANT O. L. Higgs  
(Address) Evona, Mo.

15. FILED Jan 20, 1928 W. T. Martin  
REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17<sup>th</sup>, 1928, to Feb 28<sup>th</sup>, 1928 that I last saw him alive on Feb 28<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 5 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Broncho Pneumonia  
followed  
by  
11A acute influenza  
10/26 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 11C (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. S. Campbell, M. D.

, 19 (Address) Albany 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

Herron

20. UNDERTAKER

Hew Bare & Son

DATE OF BURIAL

March 5 1928

ADDRESS

Albany

N. B. - If cause of death is stated EXACTLY, AGE should be stated EXACTLY. PH. 1-10-28. Cause of death should be properly classified. Exact statement of OCCUPATION should be given.

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