

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.

472
MAY 31 1928

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

Do not use this space.

12693

1. PLACE OF DEATH

County Cal Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 412

2. FULL NAME Frank Higginbottom

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cal</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Linda Higginbottom</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 22, 1886</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Laborer</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1925 to Apr. 20, 1928 that I last saw him? alive on Apr. 20, 1928, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
3 1/2 (duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY) None
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Sputum
 (Signed) E. P. Gillham, M. D.
4/21, 1928 (Address) Jefferson 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.

14. INFORMANT Mo. St. Tenn. Records
 (Address) J. B. Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Columbia Mo. DATE OF BURIAL Apr. 21, 1928

15. FILED 5-5 1928 J. B. Mo.
 REGISTRAR

20. UNDERTAKER C. P. Heinrich ADDRESS J. B. Mo.

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