Duplicate!

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

Do not use this space.

1. PLACE OF DEATH

County ISOLATION HOSPITAL Registration District No. 791

Township St Louis, Mo. Primary Registration District No. 1003

City (No. 5600 Arsenal St. 24th Ward)

File No. 25425

Registered No. 7237

2. FULL NAME Delores Higginbotham

(a) Residence. No. 1712 Division St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: F

4. COLOR OR RACE: Col.

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) 6/14/1927

7. AGE: 1 year; Years; Months; Days 24; If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Dedrick Higginbotham

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

12. MAIDEN NAME OF MOTHER Hazel Hawkins

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

14. INFORMANT C. H. Lohr
(Address) ISOLATION HOSPITAL

15. FILED 11 11 1928 19 Max C. Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/8 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/19, 1928, to 7/8, 1928, that I last saw her alive on 7/8, 1928, and that death occurred, on the date stated above, at 12:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas of Fart Scalp (Non Traumatic)
15B
107B
59A
216
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Secondary Bronchopneumonia
Otitis Media Acute
Necrosis of Scalp (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1712 Division St.

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Curtis H. Lohr, M.D.

7/11, 1928 (Address) ISOLATION HOSPITAL

*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: Father Dickson

DATE OF BURIAL: 7-11-1928

20. UNDERTAKER: Leonard Und. Co.

ADDRESS: 2702 Lawton

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.

PERMANENT RECORD