

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

Do not use this space.

1804

396

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St Joseph Koop)

Registration District No. 399

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

2. FULL NAME

Camillus Barnett Higgins

(a) Residence. No. 3922 Wabash St. 13 Ward.

Length of residence in city or town where death occurred yrs. 1 mos. 14 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 Ellen P Higgins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Car-Tankers
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miss.

10. NAME OF FATHER

Benj Higgins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER

Bertha Barnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss.

14.

INFORMANT Mrs. Ellen Higgins
(Address) 3922 Wabash

15.

FILED 1/26/29 in City of Missouri
Asst REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1929

17. I HEREBY CERTIFY That I attended deceased from 12-5-1928, to 1-23-1929
(that I last saw him alive on Jan 23 1929, and that death occurred, on the date stated above, at 3:00 p.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:
Multiple Abscesses of Liver
Can. Cholangitis

18. WHERE WAS DISEASE CONTRACTED Don't Know
NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) B. M. Taylor M. D.
1/24 1929 (Address) 920 Chambers Bldg K.C.

*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 Forest Hill DATE OF BURIAL Jan 26 1929

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. P. 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.

RECORD

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