

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

Do not use this space.

37805

**PLACE OF DEATH**

County Merced

Registration District No. 558

Township Fredley

Primary Registration District No. 5757

City E (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Raymond Carl Higdon

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

M

4. COLOR OR RACE

W

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)

May 17 - 1922

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

7

6

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

not army

(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)

Merced Co. Mo

10. NAME OF FATHER

David L. Higdon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Platteau  
Orestes Ia

12. MAIDEN NAME OF MOTHER

Mabel Gardner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Merced Co Mo

14.

INFORMANT

(Address)

David L. Higdon  
Saline Mo

15.

FILED

11/25/29

C E Odum

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1929, to Nov 23, 1929,

that I last saw him alive on Nov 23, 1929, and that death occurred, on the date stated above, at 10 5 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

10

Diphtheria

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

none

(duration) yrs. mos. ds.

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

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) G. P. Reed, M. D.

, 19 (Address) Paris City Ia

\*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

DATE OF BURIAL

Pinedon Cemetery

Nov 24 1929

20. UNDERTAKER

ADDRESS

G. P. Henderson

Paris City Ia

Iowa

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.

WRITE PLAINLY IN INK

65

11

12

1

