

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

880

1. PLACE OF DEATH
 38 County Lentz Registration District No. 309
 1 Township Highlands Primary Registration District No. 5428
 City Albany, Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME Rieplin Louis Higginbotham
 (a) Residence, No. R. 3, D. near Albany, Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15, 1866</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>June 1930</u>	
11. Total time (years) life spent in this occupation <u>60</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lentz Falls, Ohio</u>		
FATHER	13. NAME <u>James M. Higginbotham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buffalo, W. Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweet Springs, Virginia</u>	
17. INFORMANT <u>Chas. Higginbotham</u> (ADDRESS) <u>Albany, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Brick Church</u> DATE <u>Jan 19, 1931</u>		
19. UNDERTAKER <u>D. B. Shackley</u> (ADDRESS) <u>Albany, Mo.</u>		
20. FILED <u>Jan. 19, 1931</u> <u>W. S. Mott</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1931

22. I HEREBY CERTIFY That I attended deceased from 7-1, 1930, to 1-18, 1931.
 I last saw him alive on 1-18, 1931. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Aneurism (abdominal aorta) dissecting
 Date of onset Nov. 1928

Other contributory causes of importance:
96 0

Name of operation none Date of removal
 What test confirmed diagnosis? pulcrative Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 4, 19...
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury c
 Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Frank H. Rose, M. D.
 (Address) Albany, Mo.

