

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City

Registration District No. 300
Primary Registration District No. 1002
(No. 3912 Warwick Blvd)

File No. 31360
Registered No. 3857 St. 3857 Ward

2. FULL NAME Mrs. Katherine Higinbotham

(a) Residence No. 3912 Warwick St. 7 Ward.

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo A. Higinbitham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11th, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 6

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER -----Rossi

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

14. INFORMANT Miss Marie Higinbotham (Address) 3912 Warwick

15. FILED 9/18 1931 M. M. Cooney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17th 1931

17. I HEREBY CERTIFY, That I attended deceased from 1900 to Sept 17 1931 that I last saw him alive on Sept 17 1931, and that death occurred, on the date stated above, at 12:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
10615
162 (duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exhaustion (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED? 10615
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical Findings
(Signed) J. H. Cooney M. D.

Sept 17, 1931 (Address) 3912 Warwick

*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 St Mary's Cemetery DATE OF BURIAL 9/19/31 19

20. UNDERTAKER W. F. Mayberry ADDRESS K City Mo.

WHITE PAPER 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.

APR 18 30
BY THE COURT