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.

19621
2328

File No. ____
Registered No. ____

1. PLACE OF DEATH
County: Jackson — Registration District No. ____
Township: Kaw — Primary Registration District No. ____
City: Kansas City (No. K.C. General Hospital St. ____ Ward)

2. FULL NAME: Orin Higbee
(a) Residence, No. Denver Colorado 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: 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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 30 — YEARS ____ MONTHS ____ DAYS ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown 207
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): ____
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

17. INFORMANT: Records K.C. General Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
Colorado Springs, Colo. DATE 6-3 1933

19. UNDERTAKER: Peter B. Lapetina
(ADDRESS) K.C. Mo.

20. FILED 6-3 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19____
I last saw h____ alive on ____ 19____. Death is said to have occurred on the date stated above at 12:35 P.M.
The principal cause of death and related causes of importance were as follows:

Fracture of the skull — Date of onset ____

207

Other contributory causes of importance: ____

Multiple rides — 243

(Name of operation ____ Date of ____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/1, 1933
Where did injury occur? Chicago & Alton Yards
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On a freight car.
Manner of injury: Blow on the head.
Nature of injury: Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) [illegible], M. D.
(Address) K.C. Mo.