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.

OCT 20 1933

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

Do not use this space.

27253

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 211
City Sedalia (No. 1120 W. 4th St. Ward)

2. FULL NAME Robert A Higdon
(a) Residence, No. 1120 W 4th 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 Mrs Gertrude Higdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1869

7. AGE YEARS 63 MONTHS 9 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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) Aug 30 - 1933
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Jessie Higdon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Mayville Ky.

MOTHER
15. MAIDEN NAME Mary America Liler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky.

17. INFORMANT (ADDRESS) Mrs Lucile Turner Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 9 - 1 - 1933

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED Sept. 1, 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 1933 to 8/30, 1933
I last saw him alive on 8/29, 1933. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
94 B	
102	
Embolic Coronary Arteries	8/30/33

Other contributory causes of importance:
Hypertension

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Frank B. Long, M. D.
(Address) Sedalia, Mo