BRANDON

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

Do not use this space.

35816

JAN 3 1934

1. PLACE OF DEATH
County Butler — Registration District No. 9 — File No.
Township Ash Hill — Primary Registration District No. 51 — Registered No.
City ~~Brosley, Mo.~~ (No. , St. Ward)

2. FULL NAME Lincoln Dale ~~Higinbotham~~ Higginbotham
(a) Residence, No. Brosley, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1932

7. AGE — YEARS: 1 — MONTHS: 9 — DAYS: 15 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Brosley, Mo.

FATHER
13. NAME Earl Higginbotham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Brosley, Mo.~~ Bernie, Mo.

MOTHER
15. MAIDEN NAME Ida Swafford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff, Mo.

17. INFORMANT (ADDRESS) Earl Higginbotham Brosley, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie Cemetery DATE Nov. 28, 1933

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-26-1933 to Nov 27, 1933
I last saw him alive on Nov-26-1933 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar) 108	11-20-33

Other contributory causes of importance: 108

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?
If so, specify
(Signed) [signature], M. D.
(Address) Poplar Bluff, Mo

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.