

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

Do not use this space.

7580

Feb 27 1934

1. PLACE OF DEATH
 County Washington Registration District No. 817
 Township Beulah Primary Registration District No. 12-8
 City Totosi (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME George H Higginbotham
 (a) Residence, No. St. Ward.
 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/23/1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Representative

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) Totosi Mo

13. NAME Lytle Higginbotham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beulah Mo

15. MAIDEN NAME Josephine Heley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Totosi Mo

17. INFORMANT (ADDRESS) Edabell Higginbotham Totosi Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE New Masone DATE 2/4 1934

19. UNDERTAKER (ADDRESS) J. B. BOYER & SON POTOSI, MO.

20. FILED Feb 5 1934 G.F. Creswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1934, to Feb 4 1934. I last saw him alive on Feb 4 3:00 1934. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
921
137
 Other contributory causes of importance:
Hypertension Chronic

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 Stresswell
 (Signed) G.F. Creswell, M. D.
 (Address) Potosi

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.

