

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

1. PLACE OF DEATH

County Andrew
Towship Platts
City Farmers Station (No. _____) St. _____ Ward _____

Registration District No. 13
Primary Registration District No. 2019

File No. 28185
Registered No. 131

2. FULL NAME

William Elmer Higginbotham
(a) Residence No. Blackow - mo St. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 6 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 Elizabeth Floyd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 | 7 | 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Leetonsville
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Higginbotham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Verfuerce
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary Ann Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wesley
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. Elizabeth Higginbotham
(Address) Blackow - mo. Route 2

15. FILED Aug 28 1934 E. C. Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1934

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to Aug 8, 1934, and I last saw the alive on Aug 8, 1934, and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion
87 3/4
118 0 (duration) yrs. _____ mos. 14 ds.

CONTRIBUTORY (SECONDARY) Central Neuritis
(duration) 17 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? in County Co. Mo.

DID AN OPERATION PRECEDE DEATH? No DATE _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptom
(Signed) A. S. Barrett, M. D.
Aug 8, 1934 (Address) Gulfport Mo

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brook Church DATE OF BURIAL 8/10 1934
Blackow - mo. Clin.

20. UNDERTAKER R. G. Taggart ADDRESS St. Louis Mo.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.: *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: *Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.*" But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

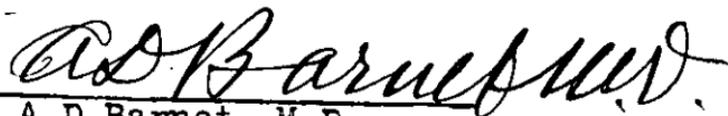
Guilford, Mo. October 12th, 1934.

Spercial Agent Bureau of Census
Jefferson City, Mo.

My Dear Sir:

In reply to the inclosure forwarded to me from Dr Jeffries in regard to the extra information about cause of death of William Elmer Higginbotha, will state that the cause of death was due to acute indigestion. This man was seventy years old and had a cerebral ~~hemorrhage~~ hemorrhage in 1928, six years ago. Due to the hot weather prevailing here at the time of his death and latter part of his illness he was not able to assimilate any nourishment and food was passed as eaten due to his inability to digest it. A paralytic during the heat was not able to stand the strain. I trust that I have made this plain.

Respectfully Yours



A D Barnet, M D
Guilford, Mo.

S-28185-

(1934)

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wm Elmer Heggert
Who died at _____ on Aug 8 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 70 Months 7 Days 5

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. ,

Date deceased last worked at this occupation: acute indigestion Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: fatal

Other contributory causes of importance Cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Dr E C Jeffries Date filed aug 28 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McGaugh M.D.
S. C.

Reg. Dist. No. 15

Primary Reg. Dist. No. 5019

Special Agent.

DEPARTMENT OF COMMERCE

BUREAU OF CUSTOMS

APR 1934

FORM 100

DECLARATION OF EXPORTER
I hereby certify that the above described goods are the property of the undersigned and are being exported from the United States for the purpose and to the destination stated herein.

Signature of Exporter _____

Name of Exporter _____

Address of Exporter _____

City _____

State _____

Country _____

Value of Goods _____

Weight of Goods _____

Quantity of Goods _____

Classification of Goods _____

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Signature of Importer _____

Name of Importer _____

Address of Importer _____

City _____

State _____

Country _____

Value of Goods _____

Weight of Goods _____

Quantity of Goods _____

Classification of Goods _____

Signature of Broker _____

Name of Broker _____

1934 Form 100

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(1934)