

OCT 24 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

37014

1. PLACE OF DEATH  
County Polk Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 4422  
City Bolivar (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Parker Raymond Higginbotham  
(a) Residence, No. \_\_\_\_\_ 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 (Use the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1918  
7. AGE YEARS 16 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy  
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) Polk Co. Mo.  
13. NAME Joe Burrey Higginbotham  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.  
15. MAIDEN NAME Grace Butterfield  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louis  
17. INFORMANT Dorothy Higginbotham  
(ADDRESS) Bolivar Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Oct. 16, 1934  
19. UNDERTAKER White & Griffin  
(ADDRESS) Bolivar Mo.  
20. FILED Oct 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1934  
22. I HEREBY CERTIFY, That I ~~deceased~~ deceased deceased Oct. 15, 1934, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on Oct. 15, 1934, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 1 a. m.  
The principal cause of death and related causes of importance were as follows:  
Burns over entire body due to explosion which destroyed dwelling 10-12-34  
Other contributory causes of importance: 18"  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 180 Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 10-15, 1934  
Where did injury occur? Bolivar, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home, Bolivar, Mo.  
Manner of injury Explosion of furnace  
Nature of injury Burns over entire body  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signature) W. B. Brown  
(Address) Bolivar, 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.

