

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

Do not use this space.

4968

1. PLACE OF DEATH **MAR 25 1935**

County **Gentry** Registration District No. **309**
Township **Athens** Primary Registration District No. **5427**
City (No.) St. **7** Ward

2. FULL NAME **Orpha Blanche Higgenbotham**
(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 **Female** 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 **W. Ray Higgenbotham**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 14, 1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 3 28

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) **Gentry County Missouri**
(STATE OR COUNTRY)

FATHER 13. NAME **Tillman Guess**

14. BIRTHPLACE (CITY OR TOWN) **Worth County Missouri**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Lillie Elizabeth Grace**

16. BIRTHPLACE (CITY OR TOWN) **Gentry County Missouri**
(STATE OR COUNTRY)

17. INFORMANT **Ray Higgenbotham**
(ADDRESS) **Evona, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Grandview** DATE **Feb. 13, 1935**

19. UNDERTAKER **Clifford Brooks**
(ADDRESS) **Albany, Mo.**

20. FILED **Feb. 12, 1935** **W. T. Martin**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 12, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 19, 1935** to **Feb. 12, 1935**
I last saw her alive on **Feb. 12, 1935** Death is said

to have occurred on the date stated above, at **5 A.M.**

The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset **10 yrs**
121

Other contributory causes of importance:
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) **J. N. Barger**, M. D.
(Address) **Albany Mo**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

