

AUG 15 1936

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

Do not use this space.

25863

1. PLACE OF DEATH

County Butler
Township.....
City Poplar Bluff (No. Brandon Hospital)

Registration District No. 89Primary Registration District No. 3007

File No.
Registered No. 165
St. Ward)

2. FULL NAME Calla Byrl Higginbotham(a) Residence, No. St. Ward. Brosley, Missouri
(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Brosley, Missouri
(STATE OR COUNTRY)13. NAME Earl Higginbotham14. BIRTHPLACE (CITY OR TOWN) Bernie, Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Ida Swafford16. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Missouri
(STATE OR COUNTRY)17. INFORMANT Earl Higginbotham
(ADDRESS) Brosley, Missouri18. ~~DATE OF REMOVAL~~ Bernie cemetery, Bernie, Missouri DATE July 15, 193619. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri20. FILED 7/15 1936 Missinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 14th 1936, to, 19.....I last saw her alive on July 14th 1936. Death is saidto have occurred on the date stated above, at 5:15 P.M.

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

MalariaDate of onset
7/11/36

Other contributory causes of importance:

Convulsions

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) L. L. Swalla, M. D.(Address) Poplar Bluff, 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.

