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

Do not use this space.

26268

SEP 9 1936

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield Mo (No. 1258, W. Division St. Ward)
File No.
Registered No. 624

2. FULL NAME Constance Higginbotham
(a) Residence, No. 1258 W Division 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21, 1936
7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or 20 min.

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) (STATE OR COUNTRY)

FATHER
13. NAME Con Higginbotham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo

MOTHER
15. MAIDEN NAME Jewell Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane Mo.

17. INFORMANT (ADDRESS) Con Higginbotham 1542 E Florida
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bolivar, Mo. DATE July 22, 1936
19. UNDERTAKER (ADDRESS) F. C. Thieme Springfield Mo.
20. FILED 7-22-1936 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1936
22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1936, to 7-1, 1936
I last saw h. W alive on 7-21, 1936. Death is said to have occurred on the date stated above, at 10 35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
159	

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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. F. Freeman, M. D.
(Address) Springfield Mo