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

Do not use this space.

NOV 4 1936

39078

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Frisco Hospital St. ..... Ward)

File No. ..... Registered No. 10107

2. FULL NAME C. P. Higginbotham (Chas. P.)

(a) Residence, No. 1019 E. Lincoln St. Sapulpa Okla. Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-13-1887

7. AGE: Years 48 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Locomotive Engr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): 9-12-36

11. Total time (years) spent in this occupation: 26 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

FATHER

13. NAME: John Higginbotham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Ellen Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Hospital record
(ADDRESS) 4960 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sapulpa, Okla. DATE 10/6 1936

19. UNDERTAKER: Graham Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED OCT 6 1936 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1936, to 10-6, 1936, I last saw him alive on 10-5, 1936. Death is said to have occurred on the date stated above, at 6:40 A.M.

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

	Date of onset
Luetic Myocarditis	Mg. 1935

Other contributory causes of importance:
Secondary Anemia
Chr. Nephritis

Name of operation: 0 Date of:
What test confirmed diagnosis? Wass. Was there an autopsy? No.

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) W. L. Macon Jr. M. D.
(Address) 4960 Laclede St. Louis, 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

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