

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1089**City **St. Louis Mo.** (No. **city**)City **Harmit** (No. **1089**)File No. **8505**Registered No. **1960**

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. **1005 M. K. H.** St. **25** Ward **1**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **29** 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

**Colored**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

**married**

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

**Hazel Higginbotham**

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

**Oct 28 1903**

7. AGE

YEARS **29**MONTHS **3**DAYS **8**

If LESS than 1 day, ..... hrs. or ..... min.

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

**laborer**

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

**common**

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)

**St. Louis Mo.**

13. NAME

**Dedrick Higginbotham**

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

**St. Louis Mo.**

15. MAIDEN NAME

**Zelfie Biscoe**

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

**Miss**

17. INFORMANT (ADDRESS)

**Hazel Higginbotham 2234 Maple**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington Park** DATE **Feb 16 1937**

19. UNDERTAKER (ADDRESS)

**Wright Funeral Home 3100 Easton**20. FILED **FEB 15 1937****J. Bredeck Registrar.**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 6 1937**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at **558 A.**

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

**HOMICIDE**

Resurrection of brain fracture of skull from bullet wound at hand of Rachel Biscoe at 1025 N. 7th Street at 12:50 p.m. 2-6-37

Other contributory causes of importance:

**113**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Homicide** Date of injury **2-6 1937**Where did injury occur? **St. Louis Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

**Home**Manner of injury **See report**

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) **Alfred J. Ferry** M.D.(Address) **113**

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.

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100M-2-37

