APR 9 1937

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

Do not use this space.

File No. 10685

Registered No. 3259

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. En Route City Hospital #1, St. ..... Ward) 9

2. FULL NAME Ozias Higginbotham

(a) Residence, No. 327 So 2nd St. 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 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): Single

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

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

7. AGE: Years 67 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Unk Ky.

FATHER

13. NAME: Unk

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

MOTHER

15. MAIDEN NAME: Unk

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

17. INFORMANT (ADDRESS): City Hospital #1 Medical Rec.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis U. DATE 3-4 1937

19. UNDERTAKER (ADDRESS): Unknown Undt. 3500 Rutger St

20. FILED MAR 25 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15 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 5:00 p.m.

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

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Uremia Sclerosis

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... 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) Joseph M. Dunn, ~~M. D.~~

(Address) Deputy Coroner

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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