REC'D JAN 13 1939

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

Do not use this space.

File No. 41909
Registered No. 4975

1. PLACE OF DEATH
County Jackson 2 Registration District No. 399
Township Kaw Primary Registration District No. 100x
City Kansas City 25 (No. 3630 Chestnut St. Ward)

2. FULL NAME William Higginbotham
(a) Residence, No. 3630 Chestnut 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: 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 Mrs Leora B Higginbotham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1862

7. AGE: YEARS 76 | MONTHS 4 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman
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) Tower Hill, Ill

FATHER
13. NAME Anderson Higginbotham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Unk Faknor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT Mrs Leora B Higginbotham
(ADDRESS) 3630 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Dec 22, 1938

19. UNDERTAKER Thomas E Quirk Funeral Home
(ADDRESS) 4316 Troost Ave

20. FILED Dec 22, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Dec 20, 1938
I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 2.55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial) 31	12/10/38

Other contributory causes of importance:
Cerebral sclerosis
Chronic nephritis

Name of operation No Date of
What test confirmed diagnosis? Clinical 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) J. J. Farnsworth M. D.
(Address) 730 Prof K. C. 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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