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

Do not use this space.

MAR 7 - 1940

1. PLACE OF DEATH

County Pike 0 Registration District No. 689 File No. 7776

Township ~~Buffalo~~ Primary Registration District No. 3033 ~~Registered No.~~

City Louisiana, Mo. (No. Mineral Spring Sanatorium Ward)

2. FULL NAME Nora Lee Higginbotham Wilson

(a) Residence, No. Cyrene, Missouri St., Ward. Cyrene, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 James L. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1873

7. AGE YEARS 66 ~~—~~ MONTHS 2 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Amhurst Co. Virginia

FATHER

13. NAME T. J. Higginbotham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amhurst Co. Va.

MOTHER

15. MAIDEN NAME Julia Scoville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg, Virginia

17. INFORMANT (ADDRESS) James L. Wilson Cyrene, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisville Cemetry DATE Feb. 28 1940

19. UNDERTAKER (ADDRESS) W. B. Elmore Bowling Green

20. FILED 2-27 1940 H C Haley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1940, to Feb. 26, 1940

I last saw her alive on Feb 26, 1940 Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Lobar Pneumonia

108

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation — Date of

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?

If so, specify

(Signed) G L Pr[illegible] D.C. M.D.

(Address) Louisiana Mo

RECEIVED
District Health Officer No. 10
District File Number 3-40-506
Date Filed MAR 5 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7776

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nora Lee Higginbotham Wilson

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Nov (Month) 28 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
66	66	2	29	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-27/40 (Date received local registrar) (b) F. C. Haley Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. L. Bilyeu (M. D. or other)
Address Louisiana Mo. Date signed