

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19108

PLACE OF DEATH
County Franklin
Vol. Pat.
Inc. Town Central City
City (No. St. Ward)

Registration District No. 1087
Primary Registration District No. 2435

File No.
Registered No. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Dallas Sherman Higgins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Oct 21 1906
(Month) (Day) (Year)

7 AGE 9 yrs. 9 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

PARENTS
10 NAME OF FATHER Rube Saffinger
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Wesley Rhodes
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rube Saffinger
(Address) Central City Ky

15 Filed 8/30 1927 H. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 3 th 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8-2-27, 1927, to 8-2-27, 1927, that I last saw him alive on 8-3-27, 1927, and that death occurred on the date stated above at 2 P m. The CAUSE OF DEATH was as follows:

measles

(Duration) ... yrs. ... mos. 12 ds.
Contributory (SECONDARY) Scarlet Fever
(Duration) ... yrs. ... mos. 4 ds.
(Signed) D. T. Fells, M. D.
(Address) Central City Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mish Cemetery DATE OF BURIAL 8/4/27
20 UMBERTAKER E. J. Anderson ADDRESS Central City Ky

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 filed. Exact statements of OCCUPATION is very important. See instructions on back of certificate.