

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. **27526**  
**340**

Registration District No. **1085** Primary Registration District No. **2435**

1. PLACE OF DEATH:  
(a) County **Morgan**  
(b) City or town **Central City Ky.**  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

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

3(a) FULL NAME **Annie Steig**

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex **Fr.** 5. Color or race **W** 6(a) Single, widowed, married, divorced **W**

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased **Dec 8, 1873**  
(Month) (Day) (Year)

8. AGE: **67** : **11** **3** If less than one day hr. min.

9. Birthplace **Ky.**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER 12. Name **Robert Henry Higginbotham**

13. Birthplace **Virginia**

MOTHER 14. Maiden name **Marie**

15. Birthplace **Ky.**

16(a) Informant's own signature **John Steig**

(b) Address **Central City Ky.**

17. BURIAL, CREATION, OR REMOVAL  
Place **Stuffs** Date **11-14-41**

18(a) Signature of funeral director **Robert L. Landford**

(b) Address **Central City Ky.**

19(a) **November 14, 1941** (Date received by local registrar) (b) **D. L. Landford** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **11-13** 19 **41**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_  
to \_\_\_\_\_ 19 \_\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_,  
and that death occurred on the date stated above at **9:50 A.M.**

Immediate cause of death **arteriosclerosis (heart)**

DURATION: **Years ago**

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? in or about home, on farm, in industrial place in public place? \_\_\_\_\_ (Specify type of place)  
while at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

23. Signature **J. J. Stubbins** (M. D. or other)

Address **Central City Ky.** Date signed **11-17-41**