

CERTIFICATION OF VITAL RECORD

105398

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

BOOK 110

PAGE 2

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

81-018607

Vital Records Unit

811006

Local File Number

State File Number

FILE
ON
BLACK
OR
RED
INDEX
CARDS
FOR
FEDERAL
VITAL
STATISTICS
BUREAU

67

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CAUSE
OF
DEATH

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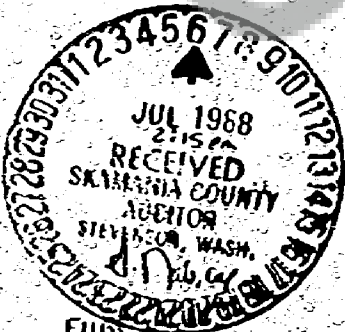
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DECEASED—NAME 1 John Clarence HIGGINBOTHAM		DATE OF DEATH (month, day, year) November 24, 1981	
2 RACE (show both American Indian or Alaska Native) White		3 SEX Male	
4 AGE (show both years and months) 73		5 DATE OF BIRTH (month, day, year) January 19, 1908	
6 CITY, TOWN OR LOCATION OF DEATH Medford		7 HOSPITAL OR OTHER INSTITUTION—NAME (if not in 6, give street and number) 1475 Bluebonnet Street	
8 STATE OF BIRTH or U.S.A. Oregon		9 COUNTRY OF BIRTH USA	
10 MEDICAL SECURITY NUMBER 540-09-5492		11 MARRIAGE, NEVER MARRIED, DIVORCED, SEVERED (specify) Married	
12 USUAL OCCUPATION (give kind of work done during past 14 days) Retired Foreman		13 SPOUSE (if married, deceased) Evelyn L. Jackson	
14 COUNTY Jackson		15 STREET AND NUMBER OR R.F.D. NO. 1475 Bluebonnet Street	
16 CITY, TOWN OR LOCATION Medford		17 ZIP CODE 97501	
18 DECEASED'S NAME AND ADDRESS TO DECEASED George Higginbotham		19 DECEASED'S NAME AND ADDRESS TO DECEASED Dolly Taylor	
20 DECEASED'S NAME AND ADDRESS TO DECEASED Hillcrest Memorial Park		21 DECEASED'S NAME AND ADDRESS TO DECEASED Medford, Oregon	
22 DECEASED'S NAME AND ADDRESS TO DECEASED Conger-Norris 715 W. Main Street, Medford, Oregon 97501		23 DECEASED'S NAME AND ADDRESS TO DECEASED M. Donald Mc Geary, M.D. 2960 Doctors Park Drive, Medford, Oregon 97501	
24 DATE RECEIVED BY REGISTRAR (month, day, year) DEC 2 1981		25 REGISTRAR J. M. Millard	
26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE 26(a) AND 26(b)) Carcinoma of the colon		27 PERIOD BETWEEN ONSET AND DEATH 47 hrs	
28 DUE TO OR AS A CONSEQUENCE OF Carcinoma of the colon		29 PERIOD BETWEEN ONSET AND DEATH 1 year	
30 DUE TO OR AS A CONSEQUENCE OF Carcinoma of the colon		31 PERIOD BETWEEN ONSET AND DEATH 818 months	
32 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not stated in cause given in PART I (a) None		33 MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
34 ACCIDENT (Specify Yes or No) No		35 DATE OF INJURY (month, day, year) None	
36 PLACE OF INJURY—At home, farm, school, factory, office building, etc. (Specify) None		37 LOCATION None	
38 STREET OR R.F.D. NO. None		39 CITY OR TOWN None	
40 STATE None		41	



SKAMANIA CO. TITLE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

JUN 23 1988

DATE ISSUED

Edward J. Johnson II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE