

Permit for Burial will be issued only on this form of Report correctly filled out with ink.

BUREAU OF VITAL STATISTICS.

16032

6407

DEPARTMENT OF HEALTH: CITY OF CHICAGO.

6523

REPORT OF DEATH IN

St. Luke Hospital

HOSPITAL

How long in Hospital

2/16/05

1. Name of Deceased (in full)

Richard T. Higman

2. Sex W Color W

3. Place of Birth

England

4. Father's Birthplace

5. Mother's Birthplace

6. Age at Death 54 years - months - days

7. Lived in Illinois - years, in Chicago

Years	Months	Days

8. Date of Death 18 day of Mar 1905, at about 10 A. M.

MAR 19 1905

9. Single, Married, Widowed, Divorced - Occupation:

Agent

10. Place of Usual Residence

Lehi

Ward

11. Place of Burial: Mount Hope

12. Undertaker: J. Whittier Buffum

License No.

13. Date of Burial March 20 1905

14. Address: 1722 Wabash ave

113

15. Sex M

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

Tel. 5095

I Sincerely Certify, That, to the best of my knowledge and belief, the cause of death of the above named and described deceased was as hereunder written:

CAUSE OR CAUSES OF DEATH.

Immediate and Determining

Atrophic Cerebration

Contributing Cause or Complication

Lobar pneumonia
Endocarditis - Chronic nephritis

DURATION OF CAUSE.

Years Months Days Hours

1 9

Witness my hand, This

18

(Signature:)

J. W. Dwyer

M. D.

day of March 1905

Address: St. Luke Hospital

Tel. 81603

VITALS BOARD OF HEALTH

6523

20

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