

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 classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

SEP 26 1927

23629

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 23629

Township St Joseph

Primary Registration District No. 100

Registered No. 787

City St Joseph (No. Royce Hospital)

St. Ostons

Ward Kansas

2. FULL NAME

(a) Residence. No. Mary A. Botkins

St. Ostons

Ward Kansas

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds.

How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

C. A. Botkins

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

Dec 6 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

52

7

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

V

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Buchanan Missouri

10. NAME OF FATHER

Geo G. Bouts

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

C. F. Botkins

(Address)

Ostons, Kansas

15.

FILED

5

19

1927

John G. Botkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 5 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 29, 1927, to Aug 5, 1927, that I last saw him alive on Aug 5, 1927, and that death occurred, on the date stated above, at 4:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of R. Breast

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. S. Ingram

M. D.

Aug 6, 1927 (Address) St Joseph Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Ostons, Kansas

Aug 6, 1927

20. UNDERTAKER

ADDRESS

Gleeman Funeral Home 1208 Francis

