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 classified. Exact statement of OCCUPATION is very important.

JAN

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

Do not use this space.

33002

1. PLACE OF DEATH
County Clay. Registration District No. 198 File No.
Township Fishing River Primary Registration District No. 3011 Registered No. 137
City Ex Spgs (No. St. Ward)

2. FULL NAME Tenora Bothwell
(a) Residence. No. Crowley Apts St., Ward. Cameron Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 – 1870

7. AGE Years 57 Months 9 Days 25 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Geo. B. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER K Hershman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Geo B Bothwell
(Address) Cameron Mo

15. FILED 11/26 1927 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 – 25 – 1927

17. I HEREBY CERTIFY, That I attended deceased from May 25th, 1927, to Nov. 25th, 1927, that I last saw her alive on 25th, 1927, and that death occurred, on the date stated above, at 12 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal Metastases from carcinoma of heart
50
53E 4
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 0.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
1 IF NOT AT PLACE OF DEATH? Cameron Mo
DID AN OPERATION PRECEDE DEATH? DATE OF
8 WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? X-ray of Spine
(Signed) [illegible], M. D
, 19 (Address) Excelsior Springs, Mo

*State the DISEASE CAUSING DEATH, or in 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 Nettleton Mo.
DATE OF BURIAL Nov 27 1927

20. UNDERTAKER John C Prather
ADDRESS Ex Spgs