

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

Do not use this space.

13957

**1. PLACE OF DEATH**

County Buchanan  
Township St Joseph  
City St Joseph (No. 1009)

85  
Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 540  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Charles H. Cottrell

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, .....hra.	or .....min.
	<u>68</u>	<u>7</u>	<u>8</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter & Paper Hanger  
(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) Manassville Kansas

**10. NAME OF FATHER**

Alonzo Cottrell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Birmingham Kansas

**12. MAIDEN NAME OF MOTHER**

Mary F. Ruder

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14.**

INFORMANT Augusta Cottrell  
ADDRESS St Joseph Mo

**15.**

FILED APR 23 1929 REGISTRAR J. W. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1929

17. VIEWED ON  
I HEREBY CERTIFY, That I attended deceased from April 22 1929, to \_\_\_\_\_ 19\_\_\_\_, and that that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 7 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Insufficiency

(duration) 3 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

90A

(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Padlock Cooper, M.D.

4/27 1929 (Address) St Joseph 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**

**DATE OF BURIAL**

Manassville Kansas April 24<sup>th</sup> 29

**20. UNDERTAKER**

**ADDRESS**

Heeman Funeral Home 1208 Francis

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.

FADING INK—THIS IS A PERMANENT RECORD

71  
2  
2  
31

3 1929 Buchanan

