

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

Do not use this space.

28571

1. PLACE OF DEATH

County Pettus
Township cedar
City (No.) St. Ward)

Registration District No. 668
Primary Registration District No. 3894

File No.
Registered No. 235
St. Ward)

2. FULL NAME

John Homer Botwell

(a) Residence. No. Route # 4 Sedalia St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nattie Jaynes Botwell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1848 - Nov 21</u>		
7. AGE <u>80</u>	YEARS <u>8</u>	MONTHS <u>13</u>
DAYS <u>13</u>		IF LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Clay City Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER James Kimball Botwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ann Brissenden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT. L. H. Botwell
(Address) Sedalia Mo

15. FILED 8-14, 1929
REGISTRAR J. V. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1929
17. I HEREBY CERTIFY, That I attended deceased from July 1929 to Aug 4 1929, and that I last saw him alive on Aug 4 1929, and that death occurred, on the date stated above, at 11:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
137 Chronic interstitial
121 Nephritis
132 Hypertrophy of Prostate
(duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? 1129 W
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF July 2 1929
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. L. Walter, M. D.
, 19 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL Aug 8 1929

20. UNDERTAKER McHughlin Bros ADDRESS Sedalia

NOTE.—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.

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