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

Do not use this space.
Dr. Griffin,
39589
File No.
Registered No. 176

1. PLACE OF DEATH
County Audrain
Township Salt River
City Mexico (No. , St. Ward)
Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME Joseph Bruce Botkin
(a) Residence No. E. Monroe 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)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs. J. B. (Pratt) Botkin,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27—1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	87	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer & Livestock
(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) Clark Co. Ohio.

PARENTS

10. NAME OF FATHER Abraham Botkin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio,
12. MAIDEN NAME OF MOTHER Sarah Wilkinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio,

14. INFORMANT Miss Bess Colwell
(Address) E. Monroe St.—Mexico, Mo.

15. Filed Jany 1st 1930 Ira A Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1929, to Dec 31, 1929, that I last saw him alive on Dec 31, 1929, and that death occurred, on the date stated above, at 4:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
Uremia (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) General Toxic Condition
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General Clinical Symptoms
(Signed) Fred Griffin, M. D.
, 19 (Address)

*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
Mexico Mo,	Jan. 1 1930
20. UNDERTAKER	ADDRESS
McClintock Bros,	Mexico Mo,