

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

Do not use this space.

40622
5027

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Kan Primary Registration District No. _____
 City H.C. Mo. (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Oscar J. Botte
 (a) Residence, No. 1204 Wash. St. 1 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-18-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>1</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Hotel Keeper
 (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) Missouri

10. NAME OF FATHER Wm M. Botte

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Judy B. Jordan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

14. INFORMANT S.P. Botte
 (Address) Mound Valley Kan.

15. FILED 12/7 1929 M M Crofts
 REGISTRAR arib

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-7-1929

17. I HEREBY CERTIFY, That I attended deceased from 11-21, 1929, to 12-7, 1929, that I last saw him alive on 12-6, 1929, and that death occurred, on the date stated above, at 9:30 AM, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcina St. Inf. (Bour and involved)
53E

(duration) _____ yrs. 12 mos. ✓ ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH ✓
 DID AN OPERATION PRECEDE DEATH? 1 DATE OF Nov. 24 Dr. Claudere
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS Clinical. History obtained elsewhere.
 (Signed) J. Hunt, M. D.

12-7-1929 (Address) 924 Maltz Rd. Ken

*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 Cremation DATE OF BURIAL Dec 9 1929

20. UNDERTAKER Mrs. C. H. Procter ADDRESS H.C. Mo.

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.

12
3

7th March

2:pm