

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.

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

Do not use this space.

41230

File No. 108  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Lafayette Registration District No. 461  
Township Lexington Primary Registration District No. 3024  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

Mary Margaret Hotner  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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—Female 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) Feb 14-1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
13 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer) Student Pub Schools  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Wellington Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Chas. Hotner

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

12. MAIDEN NAME OF MOTHER Margaret Gaster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wigginsville  
(STATE OR COUNTRY) Wassburn

14. INFORMANT Charles Hotner  
(Address) Lexington Mo.

15. FILED Feb 29 1929 J. L. Cope  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 to Dec 28, 1928, to Dec 28, 1929, that I last saw him alive on Dec 24, 1929, and that death occurred, on the date stated above, at 3:10 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gaucher's disease - Splenomegaly.  
73A  
73B

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Chalkley M. D.

Dec 28, 1929 (Address) Lexington Mo

\*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lexington Mo

DATE OF BURIAL

Dec 30 1929

20. UNDERTAKER

Cornest Regert

ADDRESS

Lexington Mo

