MAY 23 1930

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

Do not use this space.

12125

1. PLACE OF DEATH

County Cooper — Registration District No. 224

Township ~~Prairie Home~~ — Primary Registration District No. 4137

City Prairie Home (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 4

2. FULL NAME Elnora Bottom

(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 67 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF L M Bottom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) april 29 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	11	28	

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

PARENTS

10. NAME OF FATHER Wm Scott

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

12. MAIDEN NAME OF MOTHER Caroline Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina

14. INFORMANT Era Bottom
(Address) Kansas City

15. FILED 4-29 1930 A L Meredith
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 - 25, 1930 to 4 - 27, 1930 that I last saw h~~e~~ alive on 4 - 27, 1930 and that death occurred, on the date stated above, at 2 4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Valv ular Disease of Heart
92A
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Over work Nursing
Sister (duration) 1 yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A L Meredith M. D.

4 29, 1930 (Address) Prairie Home 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
Walnut Grove Cem	4 - 29 1930
20. UNDERTAKER	**ADDRESS**
E. Albert Hornbeck	Prairie Home Mo.

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.