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.

19413

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1004 — Registered No. 2401
City Kansas City (No. 3816 Washington St. Ward)

2. FULL NAME Mrs Mary Caroline Cottrell
(a) Residence. No. 3816 Washington Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. Cottrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 14 1870

7. AGE: YEARS 59 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brunswick Mo.

PARENTS
10. NAME OF FATHER: Chris Roth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Elizabeth Hissel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Marie Cottrell
(Address) 3816 Washington

15. FILED 6/9, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

2 Sunday

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Sunday June 8th 1930, to 6-8, 1930 that I last saw her alive on Sunday June 8th 1930 and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
Pt. was only seen once.
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Dullness on percussion of upper Rt lung, hard respiration, rapid heart.
(Signed) [signature], M. D.
6/8, 1930 (Address) 1025 Argyle Bldg.

*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: Memorial Park — DATE OF BURIAL: June 10 1930

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood