49 JUL 23 1930

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

Do not use this space.

19815

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township — Primary Registration District No. 3021 — Registered No. 72

City Webb City Mo. No. ..... St. ..... Ward)

2. FULL NAME Thelma Ocena Bottom

(a) Residence. No. 603 N. Liberty 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	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 Mr. O. E. Bottom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21 - 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	9	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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 John W. Bullis

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

12. MAIDEN NAME OF MOTHER Sarah Barber

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

14. INFORMANT O. E. Bottom
(Address) Webb City Mo

15. FILED 6/3, 1930 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930, to June 1, 1930 that I last saw her alive on May 30, 1930, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis

23A
11A
31

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ..... yrs. 1 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? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. W. Clark, M. D.

6/3, 1930 (Address) Carterville, 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
Carterville	June 3 1930

20. UNDERTAKER	ADDRESS
Steele Und Co.	Webb City Mo

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.

19515

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

1. PLACE OF DEATH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

City _____ St. _____ Ward _____

2. FULL NAME

(a) Registered No. _____ St. _____ Ward _____

(b) Registered No. _____ St. _____ Ward _____

Length of residence in place of abnormal occurrence _____ Hour _____ Date _____

Residence (Street, City or town, and State) _____ Hour _____ Date _____

PERSONAL AND STATISTICAL PARTICULARS

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

6. IMMEDIATE WIDOWED OR DIVORCED HUSBAND OR TOM WIFE OF _____

7. DATE OF DEATH (MONTH, DAY AND YEAR) _____

8. AGE	Years	Months	Days	Hours	Days	Hours

9. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business or establishment in which he is employed (or employer) _____

(c) Name of business _____

BIRTHPLACE (CITY OR TOWN)

(a) State or country _____

(b) Name of Father _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(a) State or country _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(a) State or country _____

MEDICAL CERTIFICATE OF DEATH

14. DATE OF DEATH (MONTH, DAY AND YEAR) _____

I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__ at _____ that I last saw the deceased alive on _____ 19__ and that I was deceased on the date stated above _____ 19__

THE CAUSE OF DEATH WAS AS FOLLOWS

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

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

15. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TESTS CONFIRMED DIAGNOSIS _____

Signed _____ M. D.

16. Address _____

Signature of Coroner, Coroner, or a member of the Fourth Class of Physicians, Sole Member and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal

17. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____ 19__

18. UNDERTAKER _____ ADDRESS _____

JUL 23 1930

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

Do not write above this line.

19815

File No.

Registered No. 72

1. PLACE OF DEATH
County Jasper
Township
City Webb City No. St. Ward
Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME Thelma Ocena Bottom
(a) Residence. No. 603 N. Liberty 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	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 Mr. O. E. Bottom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21 - 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	9	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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 John W. Billis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Ella Estella Lowery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT O. E. Bottom
(Address) Webb City Mo

15. FILED 6/3 1930 R. M. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930, to June 1 1930 that I last saw her alive on May 30 1930, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 1 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? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. W. Clark M. D.
6/3 1930 (Address) Carterville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carterville
DATE OF BURIAL June 3 1930
20. UNDERTAKER Steele Und. Co.
ADDRESS Webb City, Mo

Items #12 & 13 corr. by aff. from Son - 12-1-80

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.