

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

Do not use this space.

26497

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
 Township..... Primary Registration District No. 3019  
 City Clinton (No. ....) St. .... Ward)

File No.....  
 Registered No. 65  
 St. .... Ward)

**2. FULL NAME**

Fred Hargrave Stotts  
 (a) Residence. No. West Ohio 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 1873  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 4 22

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

9. BIRTHPLACE (CITY OR TOWN) Paris Ill  
 (STATE OR COUNTRY)

10. NAME OF FATHER John C Stott

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

12. MAIDEN NAME OF MOTHER Hannah Campbell

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

14. INFORMANT Mrs Jessie Stotts  
 (Address) Clinton mo

15. FILED 8/23 19 30 Dr. E. C. Peeler  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to Aug 21, 1930 that I last saw him alive on Aug 29, 1930, and that death occurred, on the date stated above, at 8:15-10 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Intercranial pressure due to tumor or blood clot

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Henry Co  
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) W. Stott M. D.  
 19 (Address) Clinton 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 Englewood Cem DATE OF BURIAL 8-23 1930

20. UNDERTAKER Spore & Son ADDRESS Clinton mo

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.

SEP 24 1930

