

SEP 25 1930

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

Do not use this space.

27201

1. PLACE OF DEATH

County Laurens Registration District No. 472
Township Sumner Primary Registration District No. 4285
City Stotts City Mo (No.) St. Ward)

2. FULL NAME Segle Stotts

(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 M 4. COLOR OR RACE W. Married 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow - June Stotts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House maid
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Laurens Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Segle Stotts

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

12. MAIDEN NAME OF MOTHER Emily Beavel

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

14. INFORMANT Freda Neely
(Address) Barter Springs Kans

15. FILED 9/4, 1930 Thos H Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1930 to Aug 20 1930 that I last saw him alive on Aug 20 1930, and that death occurred, on the date stated above, at 6 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Colon

46c

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John W. Bush, M. D.
, 19 30 (Address) Sarabian 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 Stotts City DATE OF BURIAL Aug 22 19 30

20. UNDERTAKER Wm Wrossel ADDRESS Stotts City

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.

RECORDS & PERMANENT RECORDS

