

DEC 20 1930

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

Do not use this space.

35416

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 6312 Morris Ave.)

File No.

Registered No. 1239

St.

Ward)

2. FULL NAME

William Henry Cotter.

(a) Residence. No.

6312 Morris Ave.

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.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)
Married.5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFCordelia E. Cotter.6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1863.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.661122

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Buchanan Co.

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

James Evert Cotter.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana12. MAIDEN NAME OF MOTHER Amanda Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

WorthNo. Caroli

14.

INFORMANT

M. E. Cotter

(Address)

Halls, Mo.

15.

FILED

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from Nov.
15, 1930, to Nov. 16, 1930
that I last saw him alive on Nov. 15, 1930, and that
death occurred, on the date stated above, at 10:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Urinary Poisoning
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1000(duration) yrs. mos. 3 ds.CONTRIBUTORY
(SECONDARY)(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. D.

Nov. 17, 1930 (Address) St. Joseph 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

Bethel Cem.

DATE OF BURIAL

Nov. 18, 1930.

20. UNDERTAKER

ADDRESS

Fred W. Clark 5025 K. A. Av.

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.

NOV 17 1930

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Annals

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