

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

Do not use this space.

1783

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.

783
411
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PLACE OF DEATH

County Joplin
Township Wentz
City Joplin (No. _____)

Registration District No. 8 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert B. Stotter
(a) Resident of Waverlyville RT St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14-18 49

7. AGE 81 YEARS 7 MONTHS 16 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER William A. Stotts

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Lee Fullerton (Address) Joplin Mo Route 1

15. FILED 1-28 1931 Abraham Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1931

17. I HEREBY CERTIFY, That I attended deceased Jan 24 1931 to Jan 26 1931 that I last saw her alive on Jan 26 1931, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Genl. Debility & uremia
132B

162 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 132B (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Genl. Debility
(Signed) W. H. Rootes, Jr. M. D.
1/26 1931 (Address) Joplin 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 Baroque DATE OF BURIAL Jan 28 1931

20. UNDERTAKER Baroque Hall Successors ADDRESS _____

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