

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

Do not use this space.

19323

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... (No. 4479) Pershing St. .... Ward)

File No. ....  
 Registered No. 5262

**2. FULL NAME**

Olive I. Bottorff  
 (a) Residence. No. 4479 Pershing St., 19 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Bottorff</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 1 1859</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ind  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>J. Roberts</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ind</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Ella Mc Laughlin</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ind</u> (STATE OR COUNTRY)

14. INFORMANT O. B. Bottorff  
 (Address) 4479 Pershing

15. FILED 7 1931 Mar C. Starker  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1931  
 17. I HEREBY CERTIFY, That I attended deceased from 4-7 1931, to 5-2 1931 that I last saw h. alive on 5-2 1931, and that death occurred, on the date stated above, at 6:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes mellitus  
59 (duration) yrs. mos. 27 ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Ind

DID AN OPERATION PRECEDE DEATH? no DATE OF Ind  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical & laboratory  
exam (Signed) E. H. Edwards M. D.  
5/3 1931 (Address) 4216 Shaw Blvd

\*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 Seymour Ind. DATE OF BURIAL May 5 1931

20. UNDERTAKER Craig Undertaking Co. ADDRESS 4468 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

112 16-2-2000

