

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

Do not use this space.

21059

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No.) (No.)

Registration District No. 289
Primary Registration District No. 5407

File No. _____
Registered No. 40 St. _____ Ward)

2. FULL NAME Artie B. Oatman

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. W. Oatman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6 - 1884</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>5</u>	DAYS <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 7³⁵</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1930</u>	
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo.</u>		
FATHER	13. NAME <u>John W. Goodwin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Crawley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ripley Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Geo. W. Oatman Malden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo.</u> DATE <u>6-29-31</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. Craig Malden Mo.</u>		
20. FILED <u>6/29</u> 19 <u>31</u> <u>S. C. Mitchell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1931

22. I HEREBY CERTIFY That I attended deceased from January 7 1931, to June 27 1931
I last saw him alive on Jan 27 1931. Death is said to have occurred on the date stated above, at 5:50 pm.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Bowel Date of onset 1/1/31
25
25
Other contributory causes of importance:
25

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____ 19____
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ✓
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Graydon C. Cotton M.D.
(Address) Malden Mo.

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

JUL 24 1931

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.

