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

Do not use this space.

40014

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3401 — Registered No. 199
City Kirksville (No. Grim Smith Hospital St. Ward)

2. FULL NAME John Franklin Botts
(a) Residence, No. St., Ward. Hurdland, Mo.
(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: 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: Della (Herget) Botts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16. 1857

7. AGE: — YEARS: 74 MONTHS: 2 DAYS: 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hurdland Missouri

FATHER
13. NAME: Rufus Botts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Jane Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): son - John R. Botts

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Novelty DATE: Dec. 11 1931

19. UNDERTAKER (ADDRESS): J. H. Trenthart Edina Mo

20. FILED Dec 10, 1931 Thos C H Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1931, to Dec. 9, 1931
I last saw him alive on Dec. 9, 1931 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
51C	
131	
137	
51C	

Other contributory causes of importance: Chronic nephritis

Name of operation: Prostatectomy Date of Dec. 7, 1931
What test confirmed diagnosis? Microscopic 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?
If so, specify
(Signed) Spencer Freeman, M. D.
(Address) Grim Smith Hospital & Clinic Kirksville, Mo.

MARGIN RESERVED FOR BINDING

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.

JAN 19 1932

V. S. No. 2.