

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

Do not use this space.

**1. PLACE OF DEATH**

32 County De Kalb Registration District No. 259  
Township Cooper Primary Registration District No. 4158  
City Unity (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 621  
Registered No. \_\_\_\_\_

**2. FULL NAME** Aminda Cottrell

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cottrell

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932, to Jan 10, 1932  
I last saw h. alive on Jan 10, 1932 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-16-1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 3 5

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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

Coronary Lesion  
466 466  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Indiana

Name of operation NO Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? NO

FATHER 13. NAME Abraham Clark  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

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.

MOTHER 15. MAIDEN NAME Mary Abraham  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Manner of injury \_\_\_\_\_  
Nature of injury ①

17. INFORMANT (ADDRESS) Mrs Eva White  
Unity Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Unity Mo DATE 1/23-32

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) W. H. Pelster  
Maysville Mo

(Signed) E. M. Reynolds, M. D.  
(Address) Union Star Mo

20. FILED Jan 22 1932 J. J. Phelps Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

