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

Do not use this space.

9579

File No.

Registered No. 18

81 2 4

1. PLACE OF DEATH
County Phelps — Registration District No. 677
Township Rolla — Primary Registration District No. 4403
City Rolla (No. , St. Ward)

2. FULL NAME Bottie James

(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.

APR 28 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF R.L.James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
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

12. BIRTHPLACE (CITY OR TOWN) Vienna (STATE OR COUNTRY) Mo

FATHER
13. NAME Frank Lonnamon
14. BIRTHPLACE (CITY OR TOWN) Westphalia (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Lidia Ammerman
16. BIRTHPLACE (CITY OR TOWN) Pay Dorm (STATE OR COUNTRY) Mo

17. INFORMANT R.L.James (ADDRESS) Vichy, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walker Cemetery DATE Mar 15, 32

19. UNDERTAKER Null and Licklider (ADDRESS) Rolla, Mo.

20. FILED March 15, 1932 Jos. T. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to March 14, 1932
I last saw her alive on March 14, 1932. Death is said to have occurred on the date stated above, at 12 40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
47	
139 C 48	

Other contributory causes of importance:

Name of operation Hysterectomy Date of March 5, 1932
What test confirmed diagnosis? Microscopic Was an autopsy?

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) A. Sidney McFarland, M. D.
(Address) Rolla Mo

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.

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