

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

Do not use this space.

23134

1. PLACE OF DEATH

49 County Jasper Registration District No. 40 8
 5 Township Primary Registration District No. 30 20
 7 City Carthage (No. 608, W Chestnut St. Ward)

2. FULL NAME

Theodore Cottle
 (a) Residence, No. 608 W Chestnut St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Male</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>Emma</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-18-1859</u> | | |
| 7. AGE | YEARS <u>72</u> | MONTHS <u>8</u> |
| | DAYS <u>21</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>Ret Mechanic</u> | |
| | 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) (STATE OR COUNTRY) <u>Bradley Valley 2</u> <u>Penn</u> | | |
| MOTHER FATHER | 13. NAME <u>Thomas Cottle</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass</u> | |
| | 15. MAIDEN NAME <u>Louisa Cobb</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia 31</u> | |
| 17. INFORMANT <u>Mrs. Emma Cottle</u> (ADDRESS) <u>Carthage Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yark Cemetery</u> DATE <u>7-12</u> 19 <u>32</u> | | |
| 19. UNDERTAKER <u>Ulmer - Ulmer</u> (ADDRESS) <u>Carthage Mo</u> | | |
| 20. FILED <u>July 11, 1932</u> <u>O. K. Fitcham</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1932

22. I HEREBY CERTIFY That I attended deceased from July 1 1932 to July 9 1932
 I last saw h. in alive on July 9 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:
Chronic Myocardial insufficiency
Chronic interstitial nephritis
 Other contributory causes of importance:
9
 Name of operation 9 Date of
 What test confirmed diagnosis? 9 Was there an autopsy? 9

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 Lloyd Clinton M. D.
 (Signed) Lloyd Clinton
 (Address) Carthage 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. AUG 24 1932

