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.

AUG 25 1932

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

Do not use this space.

23424

1. PLACE OF DEATH

66 County Miller — Registration District No. 561 — File No.

Township Franklin — Primary Registration District No. 5756 — Registered No. 42

City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Milton Cotton - (Cotten)

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Jane Cotton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30. 1851

7. AGE: YEARS 81 — MONTHS 3 — DAYS 1 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co Mo

FATHER

13. NAME: Joseph Cotton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co Mo

MOTHER

15. MAIDEN NAME: Nancy McCombs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co Mo

17. INFORMANT (ADDRESS): Mrs W M Conner. Bagnell. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Springs DATE: Aug 1st 1932

19. UNDERTAKER (ADDRESS): W A Phillips Eldon. Mo

20. FILED: 8-1 1932 Bell Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932 to July 31st 1932
I last saw him alive on July 31st 1932. Death is said to have occurred on the date stated above, at 2 45 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

131
5313
251

Other contributory causes of importance: Enuresis. Eczema.

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there 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? no
If so, specify ✓
(Signed) C. H. Parrish M. D.
(Address) Bagnell Mo