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

Do not use this space.

34458

1. PLACE OF DEATH
10 2 County Shelby — Registration District No. 831
5 Township ~~Black Creek~~ — Primary Registration District No. 4504
3 City Shelbyville (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME William Johnathan Cotton

(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.

NOV 29 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie B. Cotton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 29, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	5	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Shelbyville, Mo

PARENTS

10. NAME OF FATHER Wm B. Cotton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Hartford Conn
12. MAIDEN NAME OF MOTHER Mary Catherine Parsons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1
(STATE OR COUNTRY) Shelby Co. Mo

14. INFORMANT Mrs. Jessie Cotton
(Address) Shelbyville, Mo.

15. FILED Oct 5 1932 Emrette A. Howerton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 3 - 1932

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1932, to Oct 3, 1932, that I last saw him alive on Oct 3, 1932, and that death occurred, on the date stated above, at 8.20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis
97
9 07 (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) P. C. Archer, M. D
10-6, 1932 (Address) Shelbyville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
I.O.O.F. Cemetery	Oct 5 - 1932

20. UNDERTAKER	ADDRESS
J. W. Thompson Son	Shelbyville, Mo.

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.