

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

Do not use this space.

827

1. PLACE OF DEATH

32 County Dayton
Towship Polk
City William H Bottorff

Registration District No. 5364
Primary Registration District No. 262

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Bottorff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 — 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Former
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

10. NAME OF FATHER John H. Bottorff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary J. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

14. INFORMANT E C Bottorff
(Address) Union Sts No

15. Jan 18, 1933 E M Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to Jan 17 1933
that I last saw h. alive on Jan 17 1933 and that death occurred, on the date stated above, at 5:15 PM

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) 8 2 17
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E M Reynolds M. D.
(Address) Union Sts No

*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 Oak Grove DATE OF BURIAL 1/19 1933

20. UNDERTAKER C M Davis ADDRESS Clark Ave No

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.

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