

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

Do not use this space.

1276

1. PLACE OF DEATH  
 48 County Jackson Registration District No. \_\_\_\_\_  
 10 Township Kaw Primary Registration District No. \_\_\_\_\_  
 9 City Kansas City (No. 405 No. Elmwood) Registered No. 6  
 2. FULL NAME David Clark Botkins "Botkins"  
 (a) Residence, No. 405 No. Elmwood St. 10 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia M. Wray  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 2 \_\_\_\_\_  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper  
 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) Sept 1926 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 MOTHER 13. NAME Unknown  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT 405 No. Elmwood  
 (ADDRESS) Mrs D. C. Botkins  
 18. BURIAL, CREMATION OR REMOVAL PLACE Englewood DATE 1-5-33  
 19. UNDERTAKER Miss General Howe  
 (ADDRESS) Clinton Mo  
 20. FILED Jan 2 1933 M. M. Grove  
Act Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1933  
 22. I HEREBY CERTIFY That I attended deceased from Dec 21 1932 to Jan 3 1933  
 Last saw him alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 3356 am.  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset Dec 21, 32  
107A 107A  
 Other contributory causes of importance: \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) John G. Lapp M. D.  
 (Address) 1314 Professional Bldg

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.

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