

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

Do not use this space.

22260 ^A

1. PLACE OF DEATH

County Harry
Township Shell Knob
City Shell Knob (No. _____)

Registration District No. 5-8-5
Primary Registration District No. 3-8-5 (125)

File No. 13
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>R. Joel Cottrell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5th 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>9</u>	<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	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>Shell Knob Harry Co Mo</u>				
FATHER	13. NAME <u>John Milford</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.C.</u>			
MOTHER	15. MAIDEN NAME <u>Rebecca James</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shell Knob Harry Co Mo</u>			
17. INFORMANT <u>R. J. Cottrell</u> (ADDRESS) <u>Shell Knob Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary Cemetery</u> DATE <u>July 7th 1933</u>				
19. UNDERTAKER <u>Forrier - Bouyer</u> (ADDRESS) <u>Cassville Mo</u>				
20. FILED <u>Oct 25, 1933</u> <u>Emma Widdoway</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from at times during the past year
I last saw her alive on about April 10, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Sarcoma of bowels Date of onset _____
46 43
Other contributory causes of importance: ✓

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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) G. W. Chandler, M. D.
(Address) Cassville, 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.

NOV 10 1933

205

(2)

38

