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.

JAN 26 1934

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

Do not use this space.

40337

1. PLACE OF DEATH
County Jackson — Registration District No. 389
Township Kan — Primary Registration District No. 1882 — File No.
City K.C. Mo. (No. 131 North White St. Ward) — Registered No. 5141

2. FULL NAME William E. Cotton
(a) Residence, No. 131 North White 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: M.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth E. Cotton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19 - 1861
7. AGE: YEARS 72 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: China merchant
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): Hartford Conn.

FATHER
13. NAME: Henry Cotton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn

MOTHER
15. MAIDEN NAME: Lou Simmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Me

17. INFORMANT (ADDRESS): L. C. Moor, 131 No. White Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Washington DATE: 12-31-1933
19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster, K.C. Mo.
20. FILED: Dec. 31, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-31-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Dec 31, 1933
I last saw him alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	36 hrs

Other contributory causes of importance: Diabetes Mellitus about 3 years

Name of operation: Physical signs Date of
What test confirmed diagnosis? 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) Dean S. Rising, M. D.
(Address) 602 Argyle Bldg

Argyle
nc 0848

Res. 424 Benton Ben [illegible]
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