

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

Do not use this space.

9322

491. PLACE OF DEATH
 County Jasper Registration District No. 408
 Township Shannon Primary Registration District No. 3020
 City McEwen Granger Hospital St. _____ Ward _____
 2. FULL NAME R. J. Stotts
 (a) Residence, No. Route 3 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Henrietta Stotts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>3</u>
		DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair County Kentucky</u>		
13. NAME <u>Oliver Stotts</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mr. M. L. King Carthage, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Center Cem.</u> DATE <u>Mar. 25, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Kneel Mortuary Carthage, Missouri</u>		
20. FILED <u>Mar. 27, 1934</u> <u>R. B. Colinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1934
 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw him alive on Mar. 22, 1934 Death is said to have occurred on the date stated above, at 29 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
 Other contributory causes of importance:
Struck by auto
Accidental death
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Mar. 22, 1934
 Where did injury occur? Near Sarsen Mo. on Highway
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
On Highway was struck by auto while
 Manner of injury Walking
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Dr. H. H. Hogan, M. D.
 (Address) Rich City, Mo.

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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