

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.

MAY 25 1934

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

Do not use this space.

13577

1. PLACE OF DEATH

County Marion
Township Union
City (No. _____) _____

Registration District No. 549
Primary Registration District No. 5742

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

2. FULL NAME

Jessie Barnum Cotton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Cotton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	78	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Palmyra Missouri

13. NAME Ezra Barnum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

15. MAIDEN NAME Martha Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Alberta Flowerree Philadelphia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyville Mo DATE Apr 26 1934

19. UNDERTAKER (ADDRESS) J. W. Thompson Son Shelbyville Mo

20. FILED May 3 1934 Mrs. C. E. Dutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 19 1934 to Apr 25 1934
I last saw him alive on Apr 24 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Pleurisy of right side

Other contributory causes of importance: None

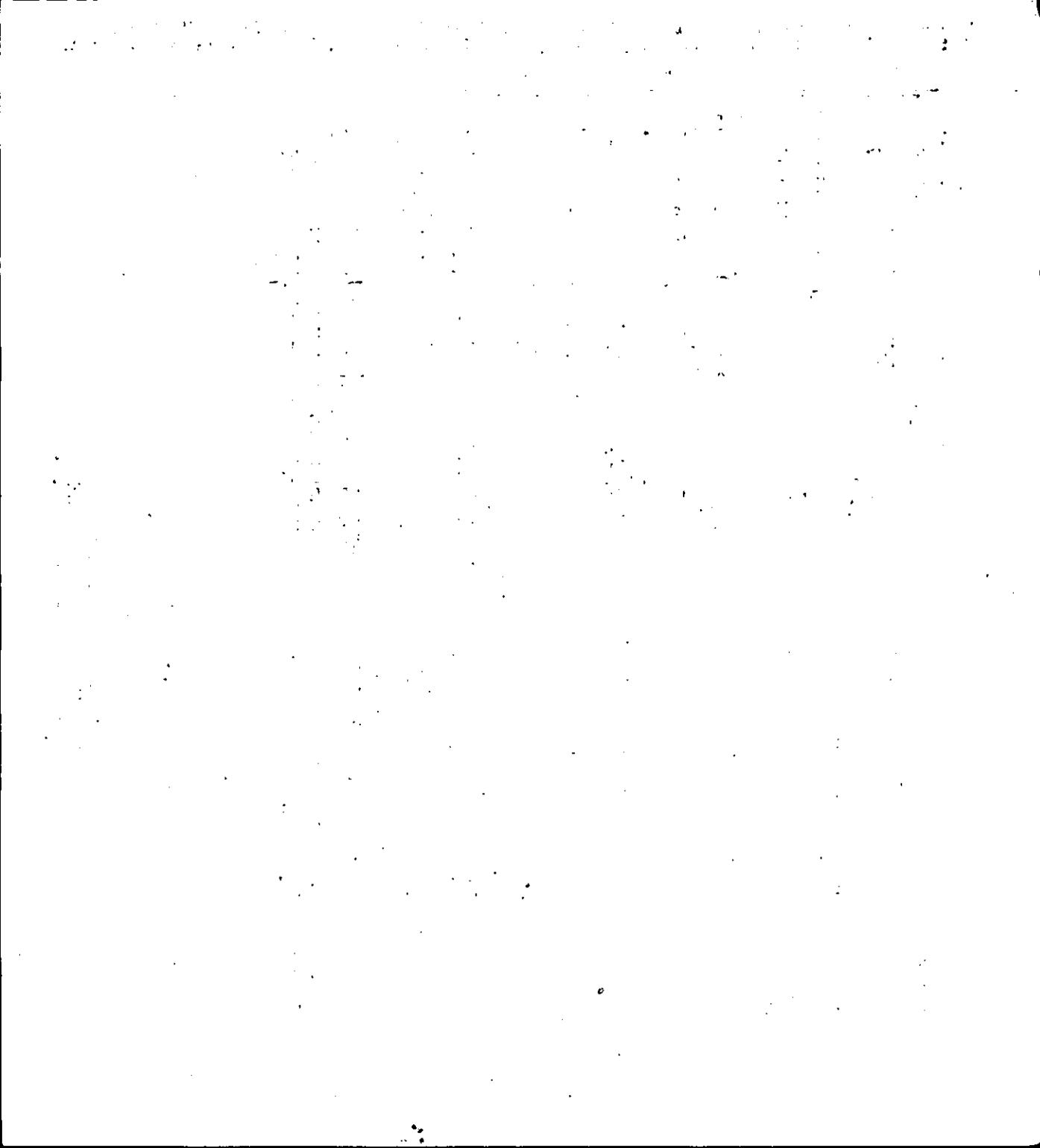
Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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) J. B. Rhoads, M. D.
(Address) Philadelphia Mo



Marion

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jessie Barnum Cotton
Who died at _____ on April 25 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: acute Pleurisy of rt side Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute Pleurisy of right side
No tuberculosis nor traumatic

Other contributory causes of importance None of importance, severe age

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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? None occurred
(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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician J. F. Rhoads

Address of physician Philadelphia

Signature of Registrar Mrs. C. F. Tipton Date filed 5-7-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 549
Primary Reg. Dist. No. 5742

Very truly yours,
E. T. McGaugh
State Registrar

Special Agent.

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