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

Do not use this space.

File No. 20813

Registered No. 72

1. PLACE OF DEATH

County: JACKSON — Registration District No. 404

Township: Independence — Primary Registration District No. 5558

City: (No.) ROSE HILL FARM - BANNISTER ROAD X #71 HIGHWAY

2. FULL NAME: MRS. JANET L. BOTTUM

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

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF GEORGE HENRY BOTTUM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL - 9 - 1865

7. AGE: Years 69 | Months 2 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) CLIFTON (STATE OR COUNTRY) NEW YORK

FATHER

13. NAME UNKNOWN WEIDNER

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MISS MARGARET H. BOTTUM (ADDRESS) ROSE HILL FARM

18. BURIAL, CREMATION, OR REMOVAL PLACE FLORAL HILLS DATE JUNE-15 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 - EAST - 9TH ST.

20. FILED 6/14 1934 G. R. Dagg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Summer 1932, to June 1934

I last saw her alive on this morning, 19..... Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance: Arteriosclerosis, Myocardial degeneration

Name of operation — 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) [illegible], M. D.

(Address) 924 Pryor Bldg.

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.

JUL 21 1934

924- Professional Bldg
2-5-30
Permit issued by
Don Bruingrd
Martin City Inc.