MAR 14 1935

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

Do not use this space.

5713

1. PLACE OF DEATH
County: Jasper
Township:
City: Carterville (No. ..... St. ..... Ward)

Registration District No. 407
Primary Registration District No. 4241

File No.
Registered No.

2. FULL NAME: Ruth Mary Bottoms

(a) Residence, No. R. #1 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 17 1918

7. AGE: Years 16 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
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): Jasper County Mo.

FATHER
13. NAME: William Bottoms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Myrtle Woodard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Myrtle Bottoms Carterville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Alexander Cem DATE: Feb 13 1935

19. UNDERTAKER (ADDRESS): Webb City Und Co. Webb City Mo.

20. FILED 2/14 1935 J. W. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1935, to Feb 11 1935
I last saw h. ~~ex~~ alive on Feb 11 1935. Death is said to have occurred on the date stated above, at 5 20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinary Was there an autopsy? Yes

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?
If so, specify

(Signed) C. F. Gregory M.D.
(Address) Webb 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.