DEC 3 1935

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

Do not use this space.

34822

1. PLACE OF DEATH
County Saline 97 3
Township Gilliam 6
City (No. ..... St. ..... Ward)
Registration District No. 794
Primary Registration District No. 4475
File No. .....
Registered No. 9

2. FULL NAME Dorothy Lucile Cott
(a) Residence, No. ..... 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Cott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1907

7. AGE YEARS 28 MONTHS 6 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Gilliam Mo

FATHER
13. NAME Henry C Dris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilliam Mo

MOTHER
15. MAIDEN NAME Alice Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilliam Mo

17. INFORMANT (ADDRESS) Henry C Dris Gilliam Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilliam Mo DATE Oct 8 1935

19. UNDERTAKER (ADDRESS) Jones & Salger State Mo

20. FILED Oct 16 1935 J. H. Davidson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1935, to Oct 6th 1935
I last saw her alive on Oct 6th 1935 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic Poison | July 1935 |

Other contributory causes of importance:
Pregnant

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) A. L. Miller, M. D.
(Address) Gilliam 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.