JUN 23 1936

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

Do not use this space.

19320

File No.

Registered No. 190

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City (No. St. Ward)

2. FULL NAME Jennie Botkin
(a) Residence, No. 1421 Hardy St., Ward. Independence, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF David Clark Botkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	—	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) May 1936
11. Total time (years) spent in this occupation 53 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Henry Co. Mo.

FATHER
13. NAME Tillman Wray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg, Va

MOTHER
15. MAIDEN NAME Sara Catherine Hereford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg, Va.

17. INFORMANT (ADDRESS) Jennie Shadwell Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE Clinton Mo DATE 5-17 1936

19. UNDERTAKER (ADDRESS) H. H. Jackson Clinton Mo

20. FILED 5-20-1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to May 15, 1936
I last saw her alive on May 14, 1936. Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Generalized Arteriosclerosis	May 10

Other contributory causes of importance:

121

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? —
If so, specify
(Signed) John G. Lapp M. D.
(Address) 1314 Professional 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.