

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

Do not use this space.

31849

SEP 28 1936

1. PLACE OF DEATH

County Madaway
 Township Madaway
 City Skidmore

Registration District No. 630
 Primary Registration District No. 4380

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

2. FULL NAME

Sydia C. Cottrell

(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 33 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. 45 mos. 3 ds. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B Cottrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1861

7. AGE YEARS 75 MONTHS 3 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Holt Co. Mo.

MOTHER 13. NAME James Smock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Martha Linville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Clarence Cottrell
Rego, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Aug 27, 1936

19. UNDERTAKER (ADDRESS) Price Funeral Home
Madaway Mo.

20. FILED Aug 28, 1936 J. O. Manning
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936 to Aug 25, 1936
 I last saw her alive on Aug 25, 1936 Death is said to have occurred on the date stated above, at 12:58 p.m.

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

Cerebral apoplexy
Influenza

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. O. Manning, M. D.
 (Address) Skidmore 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.

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