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.

NOV 17 1936

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

Do not use this space.

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No. 36631
Township — Primary Registration District No. 8004 — Registered No. 91
City Butler (No. ..... St. ..... Ward)

2. FULL NAME Mrs Flora E We Mott
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Author W We Mott dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 1868

7. AGE — YEARS 68 — MONTHS 5 — DAYS 15 — 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) (STATE OR COUNTRY) Bates Co. Mo.

FATHER
13. NAME Charles Denney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Nancy A Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Sam We Mott Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Oct 16 1936

19. UNDERTAKER (ADDRESS) Culver's Butler Mo

20. FILED Oct 16 1936 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Oct. 14, 1936
I last saw her alive on Oct. 14, 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver probably of 3 years duration;	
Mycarditis, chronic; probably 4 years duration;	
Pulmonary edema -duration 6 days.	

Other contributory causes of importance:

Name of operation None Date of XX
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? No Date of injury XX, 19..
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. XX
Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify XX
(Signed) ....., M. D.
(Address) Butler, Missouri

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