APR 20 1937

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

Do not use this space.

File No. 12052
Registered No. 5

1. PLACE OF DEATH
County Henry
Township Big Creek
City Blairstown (No. ..... St. ..... Ward)
Registration District No. 358
Primary Registration District No. 5502

2. FULL NAME John Wilson Sothers
(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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Eva F. Sothers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-5-1882
7. AGE: YEARS 54 | MONTHS 11 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Republic Co Kans

FATHER
13. NAME: J F Sothers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edgar Co Ill

MOTHER
15. MAIDEN NAME: Mary E Wignn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Elmer Sothers Scandia Kan
18. BURIAL, CREMATION, OR REMOVAL
PLACE Courtland Kan DATE Apr 3 8 1937
19. UNDERTAKER (ADDRESS): Fred E Wilkinson Clinton Mo
20. FILED April 2 1937 E. G. Hibler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-2, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4/2/, 1937, to 4/2/, 1937
I last saw h..... alive on Dead on arrival, 19..... Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:
Acute Indigestion — Date of onset 4/2/37
Other contributory causes of importance: Asthma
Name of operation none 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? no 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 — 3
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. E. Avery, D.O.
(Address) Blairstown, 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.