

MAY 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Douglas  
 Township Washington  
 City Ava Mo. (No. \_\_\_\_\_)

Registration District No. 281  
 Primary Registration District No. 8400

File No. 16224  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Orville Cotton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|                                                              |                                  |                                                                            |
|--------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX<br><u>male</u>                                        | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |                                  |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11 - 1936</u> |                                  |                                                                            |
| 7. AGE YEARS<br><u>1</u>                                     | MONTHS<br><u>—</u>               | DAYS<br><u>5</u>                                                           |
| If LESS than 1 day, _____ hrs. or _____ min.                 |                                  |                                                                            |

|            |                                                                                             |                                                 |
|------------|---------------------------------------------------------------------------------------------|-------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
|            | 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)                           |                                                 |

12. BIRTHPLACE (CITY OR TOWN) Douglas Co.  
(STATE OR COUNTRY)13. NAME Clarence Cotton14. BIRTHPLACE (CITY OR TOWN) Douglas Co.  
(STATE OR COUNTRY)15. MAIDEN NAME Lizzie Cox16. BIRTHPLACE (CITY OR TOWN) Douglas Co.  
(STATE OR COUNTRY)17. INFORMANT Clarence Cotton  
(ADDRESS) Ava Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cox Cem. DATE 7/11/3619. UNDERTAKER neighbors  
(ADDRESS)20. FILED 4-17-37 S. D. Hub  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-3722. I HEREBY CERTIFY, That I attended deceased from 3-15, 1937, to 3-16, 1937I last saw him alive on 3-15, 1937. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Bronchial Pneumonia Date of onset 3-12-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Dx. 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) R M Norman, M. D.(Address) Ava Mo

107a

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Douglas  
Township Washington  
City Washington (No. \_\_\_\_\_)

Registration District No. 281  
Primary Registration District No. 5400

File No. 16224  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Orville Cotton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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<br><u>M</u>                                                                                | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR<br>DIVORCED (write the word)<br><u>S</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF<br>(OR) WIFE OF                                |                              |                                                                          |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                                                           |                              |                                                                          |
| 7. AGE<br><u>1</u>                                                                                | YEARS                        | MONTHS                                                                   |
|                                                                                                   |                              | DAYS                                                                     |
|                                                                                                   |                              | If LESS than 1<br>day, hrs.<br>or min.                                   |
| 8. Trade, profession, or particular<br>kind of work done, as spinner,<br>sawyer, bookkeeper, etc. |                              |                                                                          |
| 9. Industry or business in which<br>work was done, as silk mill,<br>saw mill, bank, etc.          |                              |                                                                          |
| 10. Date deceased last worked at<br>this occupation (month and<br>year)                           |                              |                                                                          |
| 11. Total time (years)<br>spent in this<br>occupation                                             |                              |                                                                          |

OCCUPATION

FATHER

MOTHER

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER  
(ADDRESS)

20. FILED 19

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Br. Pneumonia Date of onset

No complications

Other contributory causes of importance:

1070

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) P. M. Norman, M. D.

(Address) Ada Mo.

5-16224