

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County RandolphRegistration District No. 735

Township

Primary Registration District No. 3034

City

(No. 323 Epperson)

File No.

38573

Registered No.

223

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 323 Epperson 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles W. Botter</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23rd 1873</u> | | |
| 7. AGE | YEARS <u>64</u> | MONTHS <u>0</u> |
| | DAYS <u>10</u> | IF LESS than 1 day, hrs. or min. |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 3rd 1937, to _____ 19I last saw her live on Oct 3rd 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Coronary Thrombosis

Date of onset

Oct 3rd

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> |
| | 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 |

Other contributory causes of importance:

| | |
|--------|--|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u> |
| | 13. NAME <u>Julian Corner</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u> |
| | 15. MAIDEN NAME <u>Mary Quigley</u> |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u> |
| | 17. INFORMANT <u>C. W. Botter</u> (ADDRESS) <u>Moberly, Mo</u> |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo</u> DATE <u>Oct 6th</u> 1937 |
| | 19. UNDERTAKER (ADDRESS) <u>Mahan and Son</u> <u>Moberly Mo</u> |
| | 20. FILED <u>Oct 6th</u> 1937 <u>Ethel G. Glesby</u> Registrar |

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. W. Fisher, M. D.(Address) Moberly, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

