

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.

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

Do not use this space.

11979

REC'D APR 22 1938

1. PLACE OF DEATH

County St. Francois  
Township Genay  
City Bonny Terre, Mo.

Registration District No. 775  
Primary Registration District No. 6020-A  
Bonneterre Hospital

File No. \_\_\_\_\_  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Bonneterre, Mo. 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 <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>C. D. Bottomley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 - 1896</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>3</u>
	DAYS <u>19</u>	IF LESS than 1 day, .....hra. or .....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Charlotte, Mich.

13. NAME  
Winfield Seavolt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Mich.

15. MAIDEN NAME  
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)  
C. D. Bottomley  
Bonny Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
St. Louis, Mo. DATE 3/16 1938

19. UNDERTAKER (ADDRESS)  
Bertram Hubb.  
Bonny Terre, Mo.

20. FILED Mar. 16 1938 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938, to March 13 1938

I last saw her alive on March 13 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:  
1934 Epthalmic Sclera. Date of onset 1934.

16 P.

Other contributory causes of importance:  
Myocarditis 1935

Name of operation Thyroidectomy Date of Nov 12 38  
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? \_\_\_\_\_ 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) Geo. H. Withers, M. D.

1938 (Address) St. Louis, Mo.

1947