

REC'D OCT 26 1938

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

Do not use this space.

33206

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 City Farmington, Mo. (No. 352) State Hospital No. 4 (Ward)

2. FULL NAME George E. Bottens
 (a) Residence, No. Doniphan, Missouri 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

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 Gladys Bottens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10th, 1864

7. AGE YEARS 74 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Doniphan Missouri

FATHER 13. NAME John Bottens

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

MOTHER 15. MAIDEN NAME Ellen Bottens

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

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Doniphan, Mo. DATE 9-17-38

19. UNDERTAKER Cozean's
(ADDRESS) Farmington, Mo.

20. FILED 9-17-38 T. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7:30, 1938, to 9:14, 1938

I last saw him alive on 9/14, 1938 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (apoplexy) 9-8-38
Generalized Arteriosclerosis with multiple atheroma

Other contributory causes of importance: _____

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. S. Joiner, M. D.
 (Address) Farmington, 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.

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was

embalmed by me L.E. _____

No. _____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

Note: The above must be signed by the Licensed Embalmer in his Own Handwriting.
(Failure to comply with the above constitutes grounds for revocation of license)