

REC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Nutquille
City 453 (No.) (St.) (Ward)

Registration District No. 88
Primary Registration District No. 5130

File No. 1754
Registered No. 1

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. P. Allensworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13, 1865

7. AGE YEARS 73 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

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

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) 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.

13. NAME J. Cottner

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ollic Allensworth Nutquille Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nutquille DATE 1-9-39

19. UNDERTAKER (ADDRESS) Minnie Fish Naylor Mo.

20. FILED 1-10-39 C. Coatesfelt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938 to Jan 9 1939

I last saw her alive on Jan 7 1939. Death is said to have occurred on the date stated above, at 3:00 A. m.

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

Hypertension, high blood pressure, with degenerative of cerebral tissue of such a nature to cause

Other contributory causes of importance: Insecurity

Name of operation none Date of

What test confirmed diagnosis? clinical 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) H. E. ... M. D.

884 (Address) Naylor 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.

