

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

44 County Holt
Township Lena
City OregonRegistration District No. 373Primary Registration District No. 4219File No. 6671Registered No. 3 St. _____ Ward _____

2. FULL NAME

355 Lena Louise Botkin

(a) Residence, No. _____ 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFOliver Peter Botkin

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

December 21, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.73113

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.at home10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)New PointMissouriFATHER
MOTHER

13. NAME

Adam Smith14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

15. MAIDEN NAME

Anna Ernst16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

17. INFORMANT

(ADDRESS)

Mrs. Ina HitzOregon, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE New PointDATE Feb. 6, 1939

19. UNDERTAKER

(ADDRESS)

Pettijohn Funeral ServiceOregon, Missouri

20. FILED

Feb 6 1939 Ralph C. Moore
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 193922. I HEREBY CERTIFY, That I attended deceased from
REC-1, 1937, to Feb 4, 1939I last saw her alive on Feb 4, 1939. Death is saidto have occurred on the date stated above, at 2:00 P.M.

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

arterio insufficiency

Date of onset

2/1/39

Other contributory causes of importance:

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 injury24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) O. F. Kearney, M. D.(Address) Oregon

RECEIVED.

Det. Mortimer Officer No. 11

District File Number 29-143

Date Filed MAR 13 1939