

1939 JUL 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH22480
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 446
 (b) Township Salt River Primary Registration District No. 5606
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

DEXTER BOTT
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Eva Vandiver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Wm Co 0
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Benjamin Botts 4
 14. BIRTHPLACE (CITY OR TOWN) Waler 4
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Mitchell
 16. BIRTHPLACE (CITY OR TOWN) Waler
 (STATE OR COUNTRY)

17. INFORMANT Mrs Eva Botts
 (ADDRESS) Novelty Mo

18. BURIAL, CREMATION, OR REMOVAL Interment
 PLACE DATE

19. FUNERAL DIRECTOR (NAME) G. B. C. Smith
 (ADDRESS) Novelty Mo

20. FILED July 2, 1939 Mrs C. M. Smith
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY That I attended deceased from January, 1939, to June 13th, 1939

I last saw him alive on June 13, 1939 Death is said to have occurred on the date stated above, at 6 P. M.

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

Cardio-vascular - Renal disease Date of onset January 1939

Other contributory causes of importance:

Prostatitis

Name of operation _____ Date of _____
 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) E. O. Holmes, M. D.

395 (Address) Novelty Mo

RECEIVED

District Health Officer No. 10

District File Number 7-39-1323

Date Filed JUL 19 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

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

Signed _____

Licensed Embalmer No. 3458

P. O. Address Hurdland Mo

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.)

If this body is not embalmed, above space should be left blank.