

AUG 18 1939

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

26399
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 617
(b) Township Grant Primary Registration District No. 5819 Registered No. 10
(c) City _____ (d) Street No. RR # 3 Barnard Mo St. _____
(e) Length of residence in city or town where death occurred 4 yrs. mos. da. 0 How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Etta Margaret Stotts
(a) Residence, No. RR # 3 Barnard Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write bounty or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 0 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sales & clerical
9. Industry or business in which work was done, as saw mill, bank, etc. Farmers' Exchange
10. Date deceased last worked at this occupation (month and year) 7-3-39 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Barnard Mo

FATHER 13. NAME James Byron Stotts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Barnard Mo

MOTHER 15. MAIDEN NAME Evale Ellen Kling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Barnard Mo

17. INFORMANT (ADDRESS) J B Stotts RR # 3 Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE 7-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 951 South Main St., Marvely Mo

20. FILED 7/22 1939 Chas. D. Hunter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I certified deceased from _____, 19____, to _____, 19____

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:50 p.m.

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

Asphyxiation; suicide by hanging by neck Date of onset 7/21

Other contributory causes of importance: 165

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 7/21, 1939
Where did injury occur? near Barnard Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Farm barn

Manner of injury hanging by neck
Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. D. Hunter, M. D.

(Address) Chas. D. Hunter, M. D. 505 S. Main St., Marvely Mo

RECEIVED

District Health Officer No. 11;

District File Number..... 839-1057

Date Filed --- AUG 12 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.....

W. Dean Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. Dean Campbell*.....

Licensed Embalmer No. *2650*

P. O. Address..... *Mayville, M.*

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.