

REC'D OCT 10 1939

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

32306
Do not use this space.

1. PLACE OF DEATH

(a) County DOUGLAS Registration District No. 222
(b) Township Boone Primary Registration District No. 53295384
(c) City Ava, Mo. or (d) Street No. 27 Registered No. 27
(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

Cordella Cotton
(a) Residence, No. Ava, Missouri St. ☐
(Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William F. Cotton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1884
7. AGE YEARS 55 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Douglas Co. (STATE OR COUNTRY) Mo.

13. NAME Soley Lakey
14. BIRTHPLACE (CITY OR TOWN) Douglas, Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME I. canter
16. BIRTHPLACE (CITY OR TOWN) Douglas Co. (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Strom Cotton
Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springcreek DATE 9-16-39

19. FUNERAL DIRECTOR (NAME) Friends (ADDRESS)

20. FILED 9-21-39 Lenny Burke Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-39

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

no attending physician

Other contributory causes of importance: 200 lb

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) Lenny Burke, Reg. D.

(Address) Ava, Mo.

Dr. R. M. Naiman

RECEIVED

District Health Officer No. 6,

District File Number 1039-1921

Date Filed OCT 2 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.....

P. O. Address.....

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.