

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

36799
Do not use this space.

NOV 24 1939

1. PLACE OF DEATH

(a) County Oregon Registration District No. 633
 (b) Township Thayer## Primary Registration District No. 5829
 (c) City _____ (d) Street No. _____ St.
 (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 350 Mary Lou Cotham

(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 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) January 19, 1939

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
9 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Thayer
 (STATE OR COUNTRY) Missouri

13. NAME Daily Cotham
 14. BIRTHPLACE (CITY OR TOWN) Jeff
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Abbott
 16. BIRTHPLACE (CITY OR TOWN) Hayti
 (STATE OR COUNTRY) Missouri

17. INFORMANT Willie Abbott
 (ADDRESS) Thayer Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jeff Cem. DATE 10/27, 1939

19. FUNERAL DIRECTOR (NAME) Leo Carr
 (ADDRESS) Thayer Missouri

20. FILED Oct. 27, 1939 George Johnson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1939, to Oct 26, 1939
 I last saw Dr. alive on October 26, 1939. Death is said to have occurred on the date stated above, at 7:15 p.

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

(Verils
Rat bite Fever)

Date of onset

Other contributory causes of importance: JA

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) DW Cotham M. D.

513 (Address) Thayer 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.

75

I X12825

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.....

RECEIVED
working under my personal supervision.

District Health Officer No. 5,

District File Number 1139 399

Date Filed 11 4 39

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.