

DEC 12 1939

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

40282
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
 (b) Township Plywabbit Primary Registration District No. 3550
 or Charleston
 (c) City Charleston (d) Street No. 5762 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 Charlie Cotton

(a) Residence, No. Charleston, Mo R#2 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 <u>Male</u> | 4. COLOR OR RACE <u>color</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Georgia Cotton</u> | | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1863</u> | | |
| 7. AGE | YEARS <u>76</u> | MONTHS <u>X</u> | DAYS <u>X</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. <u>Farmer</u> | | | |
| | 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) (STATE OR COUNTRY) <u>Alabama</u> | | | | |
| FATHER | 13. NAME <u>D. K.</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>D. K.</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u> | | | |
| 17. INFORMANT <u>Lee Ewing</u> (ADDRESS) <u>Charleston R#2, Mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem</u> DATE <u>11/10/1939</u> | | | | |
| 19. FUNERAL DIRECTOR (NAME) <u>Lair-Nunnelee</u> (ADDRESS) <u>Charleston, Mo</u> | | | | |
| 20. FILED <u>11-12-39</u> <u>J. D. Vernon</u> Local Registrar | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10 1939

22. I HEREBY CERTIFY, That I attended deceased from on 11/9 1939 to 1939, 19...
 I last saw him alive on 11/9 1939. Death is said to have occurred on the date stated above, at 11:15 pm.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis 11/1/39
34
 Other contributory causes of importance:
Less quiet ulcer of rt leg
 Name of operation none Date of _____
 What test confirmed diagnosis? et. lymph Where 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 L. C. Cotton M. D.
 (Signed) L. C. Cotton
 (Address) Charleston, Mo

M. 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.

1 X18603

RECEIVED

District Health Officer No. 2,

District File Number 1239-375

Date Filed 12-1

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.