

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1150 MAY 7 1940

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

Do not use this space.

114609

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Salisbury 2 Primary Registration District No. 5243
City (No.) _____ St. _____ Ward _____

File No. _____
Registered No. 23

2. FULL NAME 300 Steven Jackson Mott

(a) Residence, No. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode) _____
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male | **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 Minnie Mott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>10</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, 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) Mo. O

13. NAME James F. Mott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. D

15. MAIDEN NAME Levernia Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. J

17. INFORMANT (ADDRESS) Mrs. Steven Mott
Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury **DATE** Apr. 7 1940

19. UNDERTAKER (ADDRESS) Geo. B. Winkelmeyer
Salisbury, Mo.

20. FILED 4/6 1940 W. S. Lamb Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Mo. H 1940 to 4-5-40 1940
I last saw him alive on 4-5-40 1940 Death is said to have occurred on the date stated above, at 7 P m.

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

Intestinal Hemorrhage Date of onset _____

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Other contributory causes of importance:
Cancer of Descending Colon

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. S. Lamb, M. D.
(Address) Salisbury Mo

RECEIVED
District Health Officer No. 8,
District File Number
5/3/40
Date Filed

I hereby certify that the body whose
name is recorded on reverse side of this certificate
was embalmed by me - Dick K. Dunkelmeier

Dick K. Dunkelmeier
License no. 3781
Salisbury, Mo.