

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

Do not use this space.

21940

1. PLACE OF DEATH

County Lawrence Registration District No. 468
Township Buck Prairie Primary Registration District No. 4281
City Marionville (No.) Sl. Ward)

File No.
Registered No. 13

2. FULL NAME

(a) Residence. No. 1 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

6a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Bottoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 yrs. 7 months 24 days

8. OCCUPATION OF DECEASED Resident of Home for Aged
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Ind.

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Calvin L. Bottoff (Address) A. Post, Mo.

15. FILED 7-15-1929 R. Andrews REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1929

17. I HEREBY CERTIFY, That I attended deceased from June 11th, 1929 to June 29th, 1929 that I last saw her alive on June 29th, 1929 and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Traumatism by a fall on floor while walking.
186A
144B

CONTRIBUTORY Sensitivity (SECONDARY)
(duration) 2 yrs. mos. da.

18. WHERE DISEASE CONTRACTED 185
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) J. W. Lester M. D.

6-26, 1929 (Address) Marionville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star Mo DATE OF BURIAL 6-24-1929

20. UNDERTAKER Hiram Bradford ADDRESS Marionville

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. 1929
55-1
63
262
2
31

