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

Do not use this space.

27093

1. PLACE OF DEATH
County Randolph
Township Prairie
City ..... (No. ..... St. ..... Ward)

Registration District No. 936
Primary Registration District No. 5964

File No. .....
Registered No. 810

2. FULL NAME James H. Cottingham

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

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 Louisa Cottingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6th 1866

7. AGE: YEARS 66 | MONTHS 0 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

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) 31

FATHER
13. NAME George Cottingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

MOTHER
15. MAIDEN NAME Margaret Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT Mrs. Louisa Cottingham
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Aug 14th 1932

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly Mo

20. FILED Aug 7 1932 J. E. Angell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Called after to death, 19....
I last saw him alive on Aug 7 1932 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable cause	
Uremia	
Chronic nephritis	

Other contributory causes of importance:

12A 92A 1

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) W. A. Robinson
(Address) Huntsville 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.