WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 23 1933

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

Do not use this space.

16949

1. PLACE OF DEATH

50 County Jefferson — Registration District No. 421 — File No.

Township Plattin — Primary Registration District No. 5576 — Registered No. 52

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Rhoda Bell Cottner

(a) Residence, No. ..... St., ... 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

3. SEX: Female
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: Isaac Cottner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10-1862

7. AGE: YEARS 70 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Plattin Mo

FATHER

13. NAME: Reed Swert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Elizabeth Law
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Issac Cottner Plattin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Charter Cemetery DATE 6/1 1933

19. UNDERTAKER (ADDRESS): Fink Und. Co. Festus Mo

20. FILED 5/31 1933 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/30 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933 to May 30, 1933
I last saw her alive on May 28, 1933 Death is said to have occurred on the date stated above, at 10-20 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/23/33

Other contributory causes of importance:

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) J. E. Rutledge, M. D.
(Address) Festus, Mo.