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.

NOV 19 1934

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

Do not use this space.

35213

1. PLACE OF DEATH
County Boone
Township Columbia
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 255

2. FULL NAME Mrs. Allie Lee Botts
(a) Residence, No. 215 St. James 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Botts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Kentucky

FATHER
13. NAME John W. Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Catherine Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Clay Brown Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery DATE 10-14 1934

19. UNDERTAKER (ADDRESS) Parker Furniture Co. Columbia, Mo.

20. FILED 10/13/1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1934, to Oct 12, 1934
I last saw her alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar -	Oct 4
ad Mitral Insufficiency -	
108	
92	

Other contributory causes of importance:

Wh. Atypical 108

Name of operation none Date of .....
What test confirmed diagnosis? — 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? .....
If so, specify .....
(Signed) W. R. Shafer, M. D.
(Address) Columbia Mo.