

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.

Dr. H. H. H.

FEB 17 1937

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

Do not use this space.

1843

1. PLACE OF DEATH

County *Jasper* Registration District No. *411*
Township *Ballena* Primary Registration District No. *2002*
City *Joplin* (No. *429 N. Pearl*) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *429 N. Pearl 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John A. Cotton (Deceased)</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 4 - 1884</i>				
7. AGE	YEARS <i>52</i>	MONTHS <i>9</i>	DAYS <i>6</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>La Salle, Ill.</i>				
MOTHER	13. NAME <i>John G. Meiner</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La Salle, Ill.</i>			
	15. MAIDEN NAME <i>Victoria Six</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bavaria, Germany</i>			
17. INFORMANT (ADDRESS) <i>Mrs. Addison C. McMechan, 429 N. Pearl St.</i>				
18. BURIAL CREMATION, OR REMOVAL PLACE, DATE <i>Mount Hope, Jan 13, 1937</i>				
19. UNDERTAKER (ADDRESS) <i>Frank Sievers Co, 424 N. Pearl St.</i>				
20. FILED <i>1-12-37</i> <i>Ed Garner</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 10, 1937*

22. I HEREBY CERTIFY That I attended deceased from *Dec 28, 1936* to *Jan 10, 1937*
I last saw her alive on *Jan 9, 1937* Death is said to have occurred on the date stated above, at *1:30 a.m.*
The principal cause of death and related causes of importance were as follows:
Carcinoma of liver (metastatic)
Pruritus from biliary
Carcinoma of left breast radical operation
Nov - 1935
Radical breast
Date of operation *Nov 1935*
Name of operation *Radical breast* Date of *Nov 1935*
What test confirmed diagnosis? *Path* 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? *50* (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 *Yes - 1. 700* _____, M. D.
(Signed) *Joplin, Mo.*
(Address)

