SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. , St. Ward)

2 / 1 Registration District No. 89
Primary Registration District No. 3007

File No. 30243
Registered No. 199

2. FULL NAME Everett Botkins

(a) Residence, No. St., Ward. Van Buren, Missouri
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw mill
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) Carter County, Mo.

FATHER
13. NAME M. C. Botkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County, Mo.

MOTHER
15. MAIDEN NAME Maru Caviey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County, Mo.

17. INFORMANT M. C. Botkins
(ADDRESS) Van Buren, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Van Buren, Mo. DATE Aug. 13, 1937

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren, Mo.

20. FILED 8/10 1937 O. Lutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 25 — 1937, to Aug 10, 1937
I last saw him alive on Aug 10, 1937. Death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion	8/2/37
Broncho pneumonia	8/3/37
Other contributory causes of importance: Perforated duodenal ulcer	7/25/37

Name of operation Closure Perf. ulcer Date of 7/25/37
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? No
If so, specify
(Signed) F. L. Knicker, M. D.
(Address) Poplar Bluff, Mo.

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.

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