

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

4872
Do not use this space.

REC'D MAR 14 1938

791
1003

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 1517
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 13169
2. PRINT FULL NAME John Bottorff 361
(a) Residence, No. 3017 a North Market (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Norma Bottorff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Missouri
13. NAME James Madison Bottorff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill. Missouri
15. MAIDEN NAME Martha Allison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT Hosp. Info M. Kent
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Mo. DATE Feb. 12, 1938
19. FUNERAL DIRECTOR Albert H. Hyman
(ADDRESS) 429 N. Euclid
20. FILED 11 1938 19 J. B. Breda Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/38, 19
22. I HEREBY CERTIFY, That I attended deceased from 12/8/38, 19, to 2/10/38, 19
I last saw him alive on 2/10/38, 19. Death is said to have occurred on the date stated above, at 11.20 a.m.
The principal cause of death and related causes of importance were as follows:
Sarcinoma of the lung, primary
Other contributory causes of importance: Hypertension
Name of operation Exp. base Date of 1/10
What test confirmed diagnosis? Autop. Was there an autopsy? Yes
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) [Signature] M. D.
(Address) City Hospital No. 1

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by.....; Registered Apprentice No.....

working under my personal supervision.

Signed

Bry C. Danca

Licensed Embalmer No. 9272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)