

Do not use this space.

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

289,15

File No. _____
Registered No. **650**
St. _____ Ward _____

REC'D SEP 21 1938

PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 1002 N Blvd.)

2. FULL NAME

(a) Residence, No. 1002 N. National St. _____ Ward. 360
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 22 - 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ 91 5 28

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. Pharmacist
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Greene Co (STATE OR COUNTRY) Tenn.

13. NAME William B Bottler

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Jane White

16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT Rev. H. A. Bottler (ADDRESS) 1002 N. Blvd. Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 8th 1938

19. UNDERTAKER Brim Temple Home (ADDRESS) Art 2001 N. 3rd St. Springfield Mo

20. FILED Aug 20 1938 Registrar Chas. C. Gray No. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August - 20 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Aug 20, 1938
I last saw him alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
arteriosclerosis
Date of onset _____

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____

(Signed) Emmanuel _____ M. D.
Springfield Mo.

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.

