

DEC'D AUG 17 1939

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

25927
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
(b) Township Goshen Primary Registration District No. 2007
(c) City Goshen (d) Street No. 2320 Pearl Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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.

2. PRINT FULL NAME

(a) Residence, No. 2320 Pearl St. 30 yrs. in Goshen, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1889
7. AGE YEARS 49 MONTHS 11 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Collector Truck Line
9. Industry or business in which work was done, as saw mill, bank, etc. Truck Line
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) Newbern, N. C.

FATHER 13. NAME James S. Bottenfield

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

MOTHER 15. MAIDEN NAME Rhoda D. Evans

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

17. INFORMANT Alma Bottenfield
(ADDRESS) Goshen, Mo.

18. BURIAL, CREMATION, OR INTERMENT Mem Park DATE 7-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nursh's Undertaking Co
Goshen, Mo.

20. FILED 7-12-39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1939

22. I HEREBY CERTIFY, that I attended deceased from Nov 1938 to July 8, 1939
I last saw him alive on July 5 - 1939 Death is said to have occurred on the date stated above, at 3:15 PM.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Cerebral hemorrhage
870'

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____
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?
If so, specify Yes
(Signed) James W. Dargatzis, M.D.
(Address) Goshen, 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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1626

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 959

P. O. Address Springfield, Mo

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.)

If this body is not embalmed, above space should be left blank.