

SEP 12 1939

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

29608
Do not use this space.

1. PLACE OF DEATH

(a) County Lumpkin Registration District No. 508
(b) Township Childers Primary Registration District No. 3026
(c) City Childers (d) Street No. _____ Registered No. 103
(e) Length of residence in city or town where death occurred 20 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
Melba Prosper Botts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. House work
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) Marble Mo.

13. NAME Henry Joshua

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Mo.

15. MAIDEN NAME Effie Curn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Mo.

17. INFORMANT (ADDRESS) Matho Briley
3800 Baltimore & Ke. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Hill Cemetery DATE Aug 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. M. ...

20. FILED Aug 19 1939 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h... alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P m.

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

Cancer of Uterus
Date of onset _____

Other contributory causes of importance: 48

Name of operation None Date of _____

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external cause (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) ..., M. D.

(Address) Childers, 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.

