

REC'D OCT 1 1939

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

31868
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001
(c) City or Saint Joseph (d) Street No. 917 West Valley St.
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 908

2. PRINT FULL NAME 350 Mrs. Parthena Cotton

(a) Residence, No. 917 West Valley St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 -- Frank Cotton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 1, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Larken E. Jones
14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Deborah Bruner
16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Indianan

17. INFORMANT Mrs. Myrtle Parsons, (ADDRESS) 917 West Valley St

18. BURIAL, CREMATION, OR REMOVAL PLACE Fortescus, Mo. DATE Sept. 6 1939

19. FUNERAL DIRECTOR (NAME) E. R. Sidenfaden (ADDRESS) 602 South 10th Street

20. FILED Sept 6 1939 R. D. Woodruff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 2 1939 to September 4, 1939
I last saw her alive on Sept. 4, 1939. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset Aug 28
93C
Other contributory causes of importance: Septic acute Chronic myocarditis 8-30-39

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) G. Grant, M. D.

(Address) 6207 King Hill Ave St. Joseph, 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.

1157

1 X1660

Dr Grant

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, & by Mollie
E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed

Theron O Smith

Licensed Embalmer No. 3928

P. O. Address 602 South 10th St.

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.