

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

Do not use this space.

25497

**1. PLACE OF DEATH**

County Polk Registration District No. 701  
 Township Mason Primary Registration District No. 5934  
 City Lawrence St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 48

**2. FULL NAME** William Jester Hotelling

(a) Residence. No. \_\_\_\_\_ St. Ward  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF Harriett Hotelling

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Oct 7-1892

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
76	9	18	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) General Farming

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Wabers  
 (STATE OR COUNTRY) Wisconsin

**10. NAME OF FATHER** Not known

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** Not known

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) \_\_\_\_\_

**14. INFORMANT** Harriett Hotelling  
 (Address) 1601 1/2 W. 2nd St

**15. FILED BY** J. F. Roberts REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) July 25<sup>th</sup> 1929

**17. I HEREBY CERTIFY** That I attended deceased from July 23, 1929, to July 23, 1929 that I last saw him alive on July 25, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Prostate

**CONTRIBUTORY (SECONDARY)** hemorrhage in bladder (duration) 2 yrs. 2 mos. 4 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH.** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) D. E. Hammacher, M. D.

July 26, 1929 (Address) Bolivar Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** DATE OF BURIAL

Bell View Cemetery July 27 1929

**20. UNDERTAKER** Tracy Co. Inc ADDRESS Teegarden's Inc Bolivar 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.

1929  
84

31

