

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

Do not use this space.

8355

APR 15 1935

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
 Township Apple Creek Primary Registration District No. 5180
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3

2. FULL NAME Thomas E. Cotner

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Shawneetown Mo

13. NAME Alfred Cotner

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

15. MAIDEN NAME Emiline Hinkel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Appleton Mo

17. INFORMANT (ADDRESS) Mrs Thomas E Cotner Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Apple Creek Cemetery Mar 21, 1935

19. UNDERTAKER (ADDRESS) McComb & Sons Jackson Mo

20. FILED Mar 20 1935 J. J. Schoss Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to March 15th, 1935. I last saw him alive on Mar 19, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

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

Carcinoma of the Stomach Date of onset _____

Other contributory causes of importance: 46

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? No.
 If so, specify _____ (Signed) R. D. Blaylock, M. D.
 (Address) P. O. Leesport, 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.

