JUL 17 1936

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

Do not use this space.

22207

1. PLACE OF DEATH
County: Cape Gir.
Township: Byrd
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 5179

File No. .....
Registered No. 29

2. FULL NAME: Lydia Marie 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ben T. Cotner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22, 1880

7. AGE: Years 54 | Months 1 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Gordonville, Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ben T. Cotner, Jackson, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jackson DATE: 6-4, 1936

19. UNDERTAKER (ADDRESS): Crowloff-Gillespie, Jackson, Mo

20. FILED: 6-4, 1936 D. G. Sullivan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-3-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1935, to 6-30-, 1936
I last saw h. m. alive on 5-30-, 1936. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Left breast).	

Other contributory causes of importance: Generalized Metastases

Name of operation: Amputation Left breast Date of .....
What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 .....
(Signed) Albert M. Cotner, M. D.
(Address) Jackson, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.