SEP 12 1935

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

Do not use this space.

25806

File No.

Registered No. 238

1. PLACE OF DEATH

County Cape Girardeau. Registration District No. 125

Township " " Primary Registration District No. 3009

City CAPE GIRARDEAU (No. So. East. Mo Hospital. St. Ward)

2. FULL NAME Lester Wilson Cotner.

(a) Residence, No. R.F.D. #1 Cape Girardeau Mo. Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Hazel Kassel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1914.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21.	0.	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

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) Cape Girardeau Mo.

FATHER

13. NAME Ogle Cotner.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

MOTHER

15. MAIDEN NAME Maggie Sides.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

17. INFORMANT Ogle Cotner. (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McLain Cemt. DATE Aug 23. 1935

19. UNDERTAKER Haman's Funeral Home. (ADDRESS) Cape Girardeau Mo.

20. FILED 8/22, 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-22 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1935 to Aug 22, 1935

I last saw him alive on Aug 22, 1935 Death is said to have occurred on the date stated above, at 7:05 A.M.

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

	Date of onset
Acute Appendicitis (Gangrenous-perforated)	8/15-35
Other contributory causes of importance: General Peritonitis	8/18-35

Name of operation Appendectomy Date of 8/18-35

What test confirmed diagnosis? Peritonitis 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) George A. Walker, M. D.

(Address) Cape Girardeau, 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.