

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

Do not use this space.

18842

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125
 Township Cape Girardeau, Mo. Primary Registration District No. 3009
 City Cape Girardeau, Mo. St. No. Hospital St. _____ Ward _____

File No. _____
 Registered No. 429
 St. _____ Ward _____

2. FULL NAME

Mr. John Cotner, Jr.
 (a) Residence. No. Delph Landing St. S.E. No. Hospital 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. John Cotner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11 - 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>48</u>	<u>9</u>	<u>22</u>	

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Delph Landing, Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Rudolph Cotner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Delph Landing, Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adaline M. Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Delph Landing, Missouri
 (STATE OR COUNTRY)

14. INFORMANT M. J. G. Cotner
 (Address) Cape Girardeau, Mo.

15. FILED 6/23/30 W. H. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15 1930 to June 22 1930.
 that I last saw him alive on June 23 1930 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer of Bladder
SIB

CONTRIBUTORY (SECONDARY) 49
 (duration) _____ yrs. _____ mos. _____ 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) H. Phil R. Williams, M. D.
 , 19 _____ (Address) Cape Girardeau, 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 Bethel Cemetery DATE OF BURIAL June 23 1930

20. UNDERTAKER Delph Landing, Mo. ADDRESS 2536 Broadway
Alfred Brunst

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.

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