

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

Do not use this space.

27618

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg (No.)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No.
St. Ward)

2. FULL NAME Francis Junius Potter

(a) Residence. No. 326 Christopher 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. 2 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 13,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postal Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,

PARENTS

10. NAME OF FATHER Joseph Potter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois,

12. MAIDEN NAME OF MOTHER Euphrasia Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT L. A. Potter
(Address) Warrensburg Mo

15. FILED Sept 27 1927 M. R. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep, 27 27

17. I HEREBY CERTIFY That I attended deceased from Aug 15th 1927 to Sept 27th 1927 that I last saw him alive on Sept 20th 1927, and that death occurred, on the date stated above, at 6-15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dissecting melarical degenerative
87 B
84

(duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) Don't know

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF

8 WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. J. Hall M. D.

9/27/27 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Holden, Missouri.

DATE OF BURIAL

Sep, 28 19 27

20. UNDERTAKER

ADDRESS

S. R. Sweeney Warrensburg, Mo

M. 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.

