

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

Do not use this space.

13500

1. PLACE OF DEATH

County Chariton
Township Linn
City Linn (No.)

Registration District No. 176
Primary Registration District No. 410.5

File No.
Registered No. 1
St. Ward)

2. FULL NAME

(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 40 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) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1843

7. AGE YEARS 88 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Ohio not known

MOTHER 13. NAME Moses Louger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Elizabeth Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Clyde Stevens (ADDRESS) Linn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn Mo DATE Apr 28 1931

19. UNDERTAKER W. G. Thorne (ADDRESS) Linn Mo

20. FILED Apr 28 1931 A. G. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 - 1931 to Apr 28 - 1931

I last saw h. or alive on Apr 25 - 1931. Death is said to have occurred on the date stated above, at 8 P. m.

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

Angina Pectoris
arterio sclerosis Date of onset Apr 21
7 years

Other contributory causes of importance: 9411

Name of operation none Date of

What test confirmed diagnosis? 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) A. G. Lewis, M. D.

(Address) Linn Mo

MAY 2 1 1931

