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

Do not use this space.

40487

JAN 26 1934

1. PLACE OF DEATH
County Jasper
Township Barcoxie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 415
Primary Registration District No. 5571 A

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

2. FULL NAME Francis Potter

(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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1852

7. AGE YEARS 81 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) 1925
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earlville, Iowa 2

FATHER
13. NAME Frank McVay 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

MOTHER
15. MAIDEN NAME Sarah McFall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandusky Ohio 2

17. INFORMANT (ADDRESS) Mrs Julia Malvern Reeds Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reeds Cem DATE 12/29 1933

19. UNDERTAKER (ADDRESS) F. A. Engelage Barcoxie Mo

20. FILED 12/29 1933 Geo L Bradidon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 28, 1933
I last saw her alive on Dec 27, 1933. Death is said to have occurred on the date stated above, at 12 00 a m.
The principal cause of death and related causes of importance were as follows:

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Other contributory causes of importance: Chronic Nephritis

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) Lem Simmons, M. D.
(Address) Barcoxie Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2