

FEB 24 1936

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

Do not use this space.

2831

1. PLACE OF DEATH

City St. Louis
Township Central
City Overland (No.)

Registration District No. 789
Primary Registration District No. 6033

File No.
Registered No. 39 (Ward)

2. FULL NAME Glinda Fay Potts

(a) Residence, No. W. Overland, Mo. R#4 St. Ward.

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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ----
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) St. Louis, Mo.

FATHER 13. NAME Delbert Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County, Mo.

MOTHER 15. MAIDEN NAME Minnie Irisman, Boss, Mo.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boss, Mo.

17. INFORMANT (ADDRESS) Delbert Potts West Overland R#4

18. BURIAL, CREMATION, OR REMOVAL PLACE Boss, Mo. DATE 1-31-36

19. UNDERTAKER (ADDRESS) W. Hoppe 479 N. Euclid

20. FILED 1-29-36 19 36 W. B. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28/1936 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at 6 am.

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

From every evidence and without question suffocation caused by child scooting down into its crib into the foot end under the blankets, practically face down and there smothered.

Other contributory causes of importance: Was found in that position and in that condition by the father in the morning at 5 AM, when he got up to make the fire, and arranging

Name of operation

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? If so, specify Sub. 128/36

(Signed) W. B. Bachner, M. D.
(Address) 3718 Jennings St

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

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.

to go to work. Child was put to bed and nursed by the mother somewhere between 11 and 11:30 that night. Was perfectly well and healthy as far as they knew.