Dr. Hendrickson

APR 15 1936

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

Do not use this space.

9524

1. PLACE OF DEATH
County Butler — Registration District No. 990 — File No.
Township St. Francis — Primary Registration District No. 5133 — Registered No. 2
City (No. , St. Ward)

2. FULL NAME Jake H. H. Potillo
(a) Residence, No. 4 mi. North of Rombauer, Mo. St. Ward. (If nonresident, give city or town and State)
(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 (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27, 1859

7. AGE — YEARS: 76 — MONTHS: 8 — DAYS: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Butler County Missouri

FATHER
13. NAME: Jesse A. Potillo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER
15. MAIDEN NAME: ----- Schrontz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): August Potillo (son) Rombauer, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hamtown cemetery DATE: March 12, 1936

19. UNDERTAKER (ADDRESS): Greer Funeral Service Poplar Bluff, Missouri

20. FILED Mar 13 1936 A. W. Zoll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1936 to 3-10, 1936
I last saw him alive on 3-9, 1936. Death is said to have occurred on the date stated above, at 12:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-5-36

Other contributory causes of importance:

108

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Wm Hendrickson, M. D.
(Address) Poplar Bluff Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.