AUG 15 1936

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

Do not use this space.

27091

1. PLACE OF DEATH
County Johnson
Township Washington
City R.F.D. Windsor (No. ..... St. ..... Ward)

Registration District No. 14
Primary Registration District No. 5587

File No. .....
Registered No. 4

2. FULL NAME Theodore Ransom Potts

(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 9 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1864

7. AGE: Years 72 | Months 1 | Days 16 | 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) Illinois

FATHER
13. NAME Ransom Jowett Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

MOTHER
15. MAIDEN NAME Elizabeth A. Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Ransom Jowett Potts Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermitage Mo DATE July 18 1936

19. UNDERTAKER (ADDRESS) C. W. Linton Windsor Mo

20. FILED July 16 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... I saw her body after death as coroner

That I saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Heat Exhaustion — Date of onset

From facts obtained from two sons and the sister of deceased he died of heat exhaustion

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Irene R. Johnson, M. D.

(Address) Warrensburg Mo

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.