

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

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

Do not use this space.

JUN 21 1937

19851

1. PLACE OF DEATH

27 County Cooper
2 Township
4 City Boonville (No. 2)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 38 St. _____ Ward _____

2. FULL NAME Henry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to June 10, 1937

I last saw him alive on June 1, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8-1869

to have occurred on the date stated above, at 6:30 a.m.

7. AGE YEARS 68 MONTHS 4 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

Angina Pectoris due to Coronary Sclerosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. Project

Other contributory causes of importance: Arterio-Sclerosis accompanying Hypertension

10. Date deceased last worked at this occupation (month and year) June 9th 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo.

13. NAME Joe Potter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) II

17. INFORMANT Mrs Lena Potter (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem DATE June 12th 1937

19. UNDERTAKER Goodman & Bolter (ADDRESS) Boonville Mo.

20. FILED June 12 1937 D. Cooper Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin 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.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W.H. Ziegler, M. D.
(Address) Boonville Mo

Date of onset

7

12