

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

2403
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Springfield Registration District No. 328
 (b) Township 1 Primary Registration District No. 3017 Registered No. _____
 (c) City Laura (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred — yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 Barbara Louise Potts
 (a) Residence, No. 208 West 21st St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 — 2 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Springfield, Illinois
 FATHER 13. NAME Cecil Robinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Ill
 MOTHER 15. MAIDEN NAME Ida Potts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merion, Missouri

17. INFORMANT (ADDRESS) Ida Potts, 208 West 21st, Laura, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary, Mo. DATE 1-25-39
 19. FUNERAL DIRECTOR (ADDRESS) Raymond H. Deans, Laura, Mo.
 20. FILED 1-25-39 Irene S. Jiro Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1939
 22. I HEREBY CERTIFY, that I attended deceased from Jan 20, 1939, to Jan 24, 1939.
 I last saw her alive on Jan 24, 1939. 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:

Pulmonary Edema Date of onset 1/20/39
Broncho Pneumonia
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Irene S. Jiro M. D.
300 (Address) Merion, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Raymond A. Dennis, Licensed Embalmer No. 3424

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. NO Embalmer

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Raymond A. Dennis
Licensed Embalmer No. 3434

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)