

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

Do not use this space.

10528

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 3137

St. Ward

2. FULL NAME

Abner Potts

(a) Residence, No. 1532a Broadway St. 3 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF Laura Potts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 1 7

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Carpenter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Potts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Wilhelmina Masse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) San Francisco California

14. INFORMANT (Address) Orlando City Hospital

15. FILED 31 1927 May 6 Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1927

17. I HEREBY CERTIFY That I attended deceased from March 27, 1927 to March 30, 1927 that I last saw him alive on March 30, 1927, and that death occurred on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

23R (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) B. M. Smith, M. D. 31 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Mt Hope "Bellville, Ill." 4/2 1927

20. UNDERTAKER ADDRESS Marshall East St. Louis

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.

Potts