

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

Do not use this space.

8064

1. PLACE OF DEATH

County Calloway
 Township Fulton
 City Fulton (No. _____)

Registration District No. 104
 Primary Registration District No. 3008

File No. _____
 Registered No. 51
 St. _____ Ward) _____

2. FULL NAME

Georgia 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30

8. OCCUPATION OF DECEASED none

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) High Hill
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER George Potts

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

12. MAIDEN NAME OF MOTHER Lea Richmond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

14. INFORMANT Hospital records
 (Address)

15. FILED 3-21, 1928 R. N. Crews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21, 1928

17. I HEREBY CERTIFY That I attended deceased from March 20, 1928 to March 20, 1928
 that I last saw h. alive on March 20, 1928, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis

150

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) U. B. Reuber, M. D.
3-21, 1928 (Address) Fulton Mo.

*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 _____

Thomas Hill

Mar 22, 1928

20. UNDERTAKER _____

ADDRESS _____

G. C. Minor Moberly

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses and income.

The second part of the document provides a detailed breakdown of the accounting cycle. It outlines the ten steps involved in the process, from identifying the accounting entity to preparing financial statements. Each step is explained in detail, with examples provided to illustrate the concepts.

The third part of the document focuses on the classification of accounts. It discusses the different types of accounts, such as assets, liabilities, equity, and income, and how they are used to record and summarize business transactions. It also explains the relationship between these accounts and the accounting equation.

The fourth part of the document covers the process of journalizing and posting. It describes how transactions are recorded in the journal and then transferred to the ledger. It also discusses the importance of double-entry bookkeeping and how it helps to ensure that the books are balanced.

The fifth part of the document discusses the preparation of financial statements. It explains how the information from the ledger is used to create the balance sheet, income statement, and statement of owner's equity. It also discusses the importance of these statements for the business and its stakeholders.

The sixth part of the document covers the closing process. It describes how the temporary accounts are closed to the permanent accounts at the end of the accounting period. It also discusses the importance of this process in preparing the books for the next period.

The seventh part of the document discusses the importance of internal controls. It explains how these controls help to prevent errors and fraud, and how they can be used to improve the efficiency of the business. It also discusses the different types of internal controls and how they are implemented.

The eighth part of the document covers the use of accounting software. It discusses the benefits of using software to manage accounting transactions, such as increased accuracy and efficiency. It also discusses the different types of accounting software and how to choose the right one for the business.

The ninth part of the document discusses the importance of ethics in accounting. It explains how accountants have a responsibility to provide accurate and honest information, and how they can use their skills to help the business and its stakeholders. It also discusses the different types of ethical issues that accountants may face and how to handle them.

The tenth part of the document covers the future of accounting. It discusses the impact of technology on the profession, such as the use of artificial intelligence and blockchain. It also discusses the importance of continuing education and staying up-to-date on the latest developments in the field.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Callaway Registration District No. 104 File No.
 Township Primary Registration District No. 3005 Registered No. 371
 City Fulton (No.) St. Ward)

2. FULL NAME Georgia Patts
 (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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3-21-28 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw h. since on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

acute nephritis

Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PK (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRATED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

*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

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

5-8064