27 1928

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

Do not use this space.

29497

1. PLACE OF DEATH

County Texas — Registration District No. 865 — File No. 22

Township Cass — Primary Registration District No. 6143 — Registered No.

City Simmons (No. ..... St. ..... Ward)

2. FULL NAME George Washington 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 23-1852

7. AGE: Years 76 — Months 5 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(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): Tenn

PARENTS

10. NAME OF FATHER: C. Potts

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

12. MAIDEN NAME OF MOTHER: Miss Meer

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

14. INFORMANT (Address): John Potts Simmons Mo

15. FILED Aug 20 1928 R P Hubbard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 19, 1928 that I last saw him alive on Aug 19, 1928 and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (SECONDARY) 74A1

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

9 DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) R P Hubbard, M.D

Aug 20 1928 (Address) Simmons 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: Simmons Cemetery — DATE OF BURIAL: Aug 20 1928

20. UNDERTAKER: Gaylord Vellott — ADDRESS: Cabool Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.