

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

Do not use this space.

29881

1. PLACE OF DEATH  
 County Callaway, Registration District No. 104  
 Township Fulton Primary Registration District No. 3008  
 City Fulton, MO, (No. ....) St. .... Ward)

File No. ....  
 Registered No. 169

2. FULL NAME Mrs., Kathrine 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**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Of James Potter,

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
About 65

8. OCCUPATION OF DECEASED realestate,

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

(b) General nature of industry, business, or establishment in which employed (or employer) DO

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dont Know,  
 (STATE OR COUNTRY) " " "

10. NAME OF FATHER Dont Know

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

12. MAIDEN NAME OF MOTHER Dont Know,

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

14. INFORMANT Hospital Records  
 (Address) Fulton, Mo,

15. FILED 9-3-28 19 28 R. N. Crews  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1928, to Sept 2, 1928  
 that I last saw him alive on Sept 2, 1928, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Embolism  
III B

CONTRIBUTORY (SECONDARY) [Signature]  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED  
 IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) R. D. Owen, M. D.

, 19 (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 Caldwell Kans, DATE OF BURIAL Dont Know  
 19

20. UNDERTAKER Fernon-Taylor Furn-Co ADDRESS Fulton, Mo,

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.

