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.

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

Do not use this space.

33712

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible]
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St. Mary Hosp St. Ward)

File No. 4253
Registered No.

2. FULL NAME John H. Potter
(a) Residence. No. 510 Hutting Fairmount St. Ward. Mo
(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: Lucy Potter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 8, 1869

7. AGE: Years 59 — Months — Days 10 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railroad 131 92D
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer 97
(c) Name of employer: K. C. Southern

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

PARENTS
10. NAME OF FATHER: Joseph Potter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Polly A.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Lucy Potter
(Address) Potter 510 Hutting

15. FILED 10/19, 1928 M. M. Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/18 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-1, 1928, to 10-18, 1928 that I last saw him alive on 10-17, 1928, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardio vascular Renal disease (myocarditis, atheroma, interstitial nephritis)
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Starvation
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? His home
0 1290
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory
(Signed) Sam Cuyves, M. D
10-18, 1928 (Address) 814 Argyle Bldg

*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: Mt Moriah — DATE OF BURIAL: Oct-22 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo

8/1/