

JAN 22 1929

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

Do not use this space.

39633

1. PLACE OF DEATH

County Butler
Township Oak Hill
City Abraham (No.)

Registration District No. 90
Primary Registration District No. 334C

File No.
Registered No. 29
St. Ward

2. FULL NAME

Abraham Potter

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m- 4. COLOR OR RACE w- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 8 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Edmundson City
(STATE OR COUNTRY) Ill -

10. NAME OF FATHER J. W. Potter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Sarah Potter
(Address) Poplar Bluff

15. FILED 12/21, 1928 Noa J. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1928

17. I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928, that I last saw h. alive on , 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

11A
108
CONTRIBUTORY (SECONDARY) influenza
(duration) yrs. mos. da. 8

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. Frank Coram, M.D.

12-20, 1928 (Address) Poplar Bluff 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 Cashcraft DATE OF BURIAL 12-21 1928

20. UNDERTAKER Frankford Co Poplar Bluff Mo ADDRESS

K. 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.

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

