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

Do not use this space.

680

1. PLACE OF DEATH
County Clay — Registration District No. 197 — File No.
Township — Primary Registration District No. 5276 — Registered No. 3
City 3 mi. N on #71 (No. Oakwood addition St. Ward)

2. FULL NAME Mrs. Lillian Wray Potter
(a) Residence. No. Oakwood addition St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 12 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr Homar A Potter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 24, 1894

7. AGE: Years 34 | Months 8 | Days 9 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Union Star, Mo.

PARENTS
10. NAME OF FATHER: A. B. Wray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Anna Manley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Dr Homar A Potter Jr
(Address) Oakwood addition, Clay Co.

15. FILED Jan 3, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 3 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/30/, 1928, to 1/2/, 1929, that I last saw her alive on 1/3/, 1929, and that death occurred, on the date stated above, at 12:01 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia lobar
11.8
10.6 B
101 A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Acute Coryza
(duration) yrs. mos. 1 ds.

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) L. G. Potter, M. D
1/3/, 1929 (Address) 513 Commerce

*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: Jan 5 1929

20. UNDERTAKER: S. W. Newcomer's — ADDRESS: Lons KC 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.

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513 Commerce Bldg.
Vic. 9171.
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