

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

Do not use this space.

41473

**PLACE OF DEATH**

County Monroe  
Township Paris  
City Paris (No. ....)

Registration District No. 582  
Primary Registration District No. 4344

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Douglas Potter

(a) Residence. No. .... St., .... Ward.  
(Usual place of abode) about 4 (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 4 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 2 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Petersburg Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER Burn Potter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. K.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER N. K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. K.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Roel Bohimer  
(Address) Paris, Mo.

15. FILED 12/22, 1929 H. C. Payne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21<sup>st</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1929 to Dec. 21 1929  
that I last saw him alive on Dec. 21 1929, and that death occurred, on the date stated above, at 11:45 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senility and Arteriosclerosis  
97  
167

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) J. J. Bryant M. D.

12/22, 1929 (Address) Paris, 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

Walnut Grove

DATE OF BURIAL

12/24 1929

20. UNDERTAKER

Speed & Blakey

ADDRESS

Paris, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

