

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

Do not use this space.

*De Potter*  
File No. 849  
Registered No. 18

**1. PLACE OF DEATH**

County Green Registration District No. 318  
Township Central Primary Registration District No. 3439  
City Springfield No. A. 89-17-2

File No. 849  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. R R No 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Bodenhamer

17. I HEREBY CERTIFY That I attended deceased from July 15 1929 to Jan 8 1930 that I last saw him alive on Jan 4 1930, and that he died on the date stated above, at 4 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1863

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

7. AGE 66 Years 11 Months 9 Days If LESS than 1 day, hrs. or min.

92 P  
95 P  
(duration) 1 yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY Mild respiratory (SECONDARY) (duration) 2 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED at home IF NOT AT PLACE OF BIRTH. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

10. NAME OF FATHER J Bodenhamer

19. WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) Embrace E Potter, M. D.

12. MAIDEN NAME OF MOTHER Elizabeth Wharton

(Address) Springfield, Mo.

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

14. INFORMANT Professor Bodenhamer (Address) Springfield, Mo

20. MODE OF BURIAL, CREMATION, OR REMOVAL Interment DATE OF BURIAL January 9 1930

15. FILED 1-9 1930 Registrar Don Sharp

20. UNDERTAKER W. H. Honey ADDRESS Springfield, 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.

1930  
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