

APR 30 1930

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

Do not use this space.

8512

1. PLACE OF DEATH

County Howard
Township.....
City Fayette (No.....)

Registration District No. 378
Primary Registration District No. 4222

File No.....
Registered No. 20
St..... Ward)

2. FULL NAME

Sarah Ann Potts

(a) Residence. No..... 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William F. Potts</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 6, 1850</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>2</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(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) Missouri

PARENTS	10. NAME OF FATHER <u>Thomas W. Booth</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Fannieth C. Booth</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Hell Potts
(Address) Fayette, Mo

15. FILED 8/30, 1930 V. O. Bonham
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1930, to March 26, 1930 that I last saw her alive on March 19, 1930 and that death occurred, on the date stated above, at 11:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema
92A
111B

(duration) yrs. mos. ds.
CONTRIBUTORY Chr Endocarditis
(SECONDARY)
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) W. Bloom M. D.
, 19 (Address) Fayette 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 Ridge
DATE OF BURIAL 3-28 1930

20. UNDERTAKER Guy T. Halley
ADDRESS Fayette Mo

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.

