

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

Do not use this space.

19798

PLACE OF DEATH

County Jasper
Township Joplin Mo
City Joplin Mo (No. _____) St. _____ Ward _____

Registration District No. 411
Primary Registration District No. 2012

File No. _____
Registered No. _____

2. FULL NAME Mrs Cecelia Burnett Potter

(a) Residence, No. 14 1/2 Castle Rock St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar.

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Potter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 7 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work His wife
(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) Iowa

10. NAME OF FATHER Richard S. Burnett

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

12. MAIDEN NAME OF MOTHER Rebecca E. Allen

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

14. INFORMANT Mrs Martha H. Benson (Address) 14 1/2 Castle Rock

15. FILED 6/19/30 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1930

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1930, to June 18, 1930 that I last saw her alive on June 18, 1930 and that death occurred, on the date stated above, at 8:50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary P. B.

23 1/2 (duration) 1 yrs. ✓ mos. — ds.

CONTRIBUTORY (SECONDARY) 31 (duration) ✓ 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?

(Signed) Roy E. Myers M. D.

4/19 1930 (Address) Joplin, 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 Bobbs City Cem. DATE OF BURIAL June 20 1930

20. UNDERTAKER Frank-Sierros Co ADDRESS Joplin, 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.

