

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

Do not use this space.

22517

**1. PLACE OF DEATH**

County Wentz Registration District No. 312  
Township Franklin Primary Registration District No. 488  
City King City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 10

**2. FULL NAME**

Charles Excell Potter  
(a) Residence No. King City Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. C. E. Potter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 2 - 1888</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>1</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Member</u> (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) <u>Mo</u>		
10. NAME OF FATHER <u>Frank E. Potter</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
12. MAIDEN NAME OF MOTHER <u>Mary J. Russell</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
14. INFORMANT (Address) <u>Mrs. C. E. Potter King City Mo</u>		
15. FILED <u>July 5 1930</u> <u>A. W. Paulotta</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 - 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1930, to July 2, 1930, that I last saw ~~him~~ her alive on July 2, 1930, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute Endocarditis  
130  
91.3 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) acute nephritis  
(duration) yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT A PLACE OF DEATH  
128

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Tray & Laboratory  
(Signed) Richard H. Hunt  
7/4, 1930 (Address) King City, 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 <u>King City, Mo.</u>	DATE OF BURIAL <u>7-5-1930</u>
20. UNDERTAKER <u>R. W. Taggart</u>	ADDRESS <u>King City Mo</u>

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

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1  
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