

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

Do not use this space.

25813

**1. PLACE OF DEATH**

County Madison Co  
Township Chever  
City Vandalia (No. \_\_\_\_\_)

Registration District No. 912  
Primary Registration District No. 6232A

File No. \_\_\_\_\_  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Potter

(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. 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 widowed (write the word)

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Nancy Potter deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 5 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Invalid Retd Farmer  
(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) Ill.

**10. NAME OF FATHER**

Jos Potter

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ill.

**12. MAIDEN NAME OF MOTHER**

Coburn

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ill

**14.**

INFORMANT Mrs Nell  
(Address) Vandalia Mo

**15.**

FILED 8/7 1930 Mollie Fugua  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1929, until Aug 6, 1930 that I last saw alive on Aug 3, 1930 and that death occurred, on the date stated above, at 7:30 a.m.

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

cardio-renal disease

95B

**CONTRIBUTORY (SECONDARY)**

(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) D. G. Matthews, M. D.

, 19 (Address) Vandalia 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**

**DATE OF BURIAL**

Mt Olivet 8-8-1930

**20. UNDERTAKER**

**ADDRESS**

J B Clark Vandalia 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.

