

SEP 26 1930

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

Do not use this space.

27701

1. PLACE OF DEATH
County St Charles Mo. Registration District No. 757
Township _____ Primary Registration District No. 3036
City St Charles (No. _____) St. _____ Ward _____

2. FULL NAME Cary Potter
(a) Residence. No. St Charles R.R #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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 140
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Daisy Potter (nee True)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 0 20

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1930 to Aug 7, 1930 that I last saw h. alive on Aug 7, 1930, and that death occurred, on the date stated above, at 5-0 m.

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 _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Intestine
4 1/2 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Lakemore Mo Shelby Co
(STATE OR COUNTRY) Mo.

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

10. NAME OF FATHER Joseph G Potter

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS clinical exam
(Signed) [Signature], M. D.
5-7, 1930 (Address) St Charles Mo

12. MAIDEN NAME OF MOTHER Katherine Renner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dayton
(STATE OR COUNTRY) Ohio

*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 A True
(Address) Hannibal Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Aug 10th 1930

15. FILED 8/20, 1930 H. S. Bloebaum
REGISTRAR

20. UNDERTAKER W. L. Dalmeida & Sons Co St Charles Mo.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

