

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.

81  
2  
4  
FEB 20 1931

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

PLACE OF DEATH

County Chelapa  
Township.....  
City Rolla Mo (No.....)

Registration District No. 677  
Primary Registration District No. 4403

File No. 2416  
Registered No. 2  
St. .... Ward)

2. FULL NAME

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cornelius

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 33

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Simmons Mo

10. NAME OF FATHER Geo. Potts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. R.

12. MAIDEN NAME OF MOTHER D. K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) D. K.

14. INFORMANT Geo. Cornelius - age 10  
(Address) Rolla Mo.

15. FILED Jan 6, 1931 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1931, to Jan 5 1931, and that I last saw her alive on Jan 5 1931, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pleura Pneumonia  
108

CONTRIBUTORY (SECONDARY)

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? none

(Signed) Geo. W. Hanson, M. D.

Jan 6, 1931 (Address) Rolla 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 Rolla Cemetery DATE OF BURIAL Jan 16 1931

20. UNDERTAKER Will & Dicklider ADDRESS Rolla, Mo

