

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.

MAR 24 1931

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

Do not use this space.

5030

1. PLACE OF DEATH

31 County Darwin Registration District No. 250
2 Township Gallatin Primary Registration District No. 4150
2 City Gallatin (No. _____) St. _____ Ward _____

File No. _____

Registered No. 625

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 <u>Female</u>	4. COLOR OR RACE <u>white</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>John Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12 - 1854</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home 233</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1 - 1930</u>	
11. Total time (years) spent in this occupation <u>56</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia 2</u>		
FATHER	13. NAME <u>Joshua Potts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>Mrs. M. A. Pittman Gallatin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brown Cemetery</u> DATE <u>7/16 1931</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Hope Gallatin, Mo.</u>		
20. FILED <u>2-16-1931</u> <u>Ph Gardner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 - 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on Jan 9, 1931. Death is saidto have occurred on the date stated above, at 6 A., m.

The principal cause of death and related causes of importance were as follows:

Cause of the
Right side of neck
(Epithelioma) 53E

Date of onset

Other contributory causes of importance:

53
Name of operation removal Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John Gardner, M. D.(Address) Brown Cemetery

