

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

Do not use this space.

1. PLACE OF DEATH

County Gasper
Township Carthage
City Carthage

Registration District No. 408
Primary Registration District No. 3020

File No. 10342
Registered No. _____
Ward _____

2. FULL NAME

Bruce Everett Potter
(a) Residence No. 1107 S. Maple St., _____ Ward.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 18-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Minford Potter

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

12. MAIDEN NAME OF MOTHER Elizabeth Elliott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carthage (STATE OR COUNTRY) Mo.

14. INFORMANT Minford Potter (Address) Carthage Mo.

15. Nov 23 1931 W. H. Hetcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1931, to Nov 22 1931, and that I last saw him alive on Nov 22 1931, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemophilia
70B
138 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Circumcision (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? R.A. Webster (Signed) _____, M.D. Nov 23 1931 (Address) Carthage 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 Park Cemetery DATE OF BURIAL 3-23 1931

20. UNDERTAKER Wm. H. Hetcham ADDRESS Carthage

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.

APR 23 1931

