

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

File No. 30845
244
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) California
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</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>Mollie Brigendine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4 - 1900</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>10</u>
	DAYS <u>15</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>Farm hand</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Various Places</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Missouri</u>		
FATHER	13. NAME <u>Thomas Potter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Alice Brewer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Thomas Potter</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Springs</u> DATE <u>Sept 21 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Harmon Stamer</u>		
20. FILED <u>4-2-31</u> 19 <u>31</u> <u>J. R. Beardsley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1931 to Sept 19 1931
I last saw him alive on Sept 19 1931. Death is said to have occurred on the date stated above, at 9:10 m.
The principal cause of death and related causes of importance were as follows:
59
9:30
Diabetic Coma

Date of onset _____

Other contributory causes of importance:
Surgeon of Army

Name of operation _____ Date of _____
(What test confirmed diagnosis? _____ 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) Wm. R. Caldwell M. D.
(Address) St. Louis

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 23 1931

10/10/10

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