

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

Do not use this space.

33509

1. PLACE OF DEATH

County Rudolph Registration District No. 26
Township Saltwater Primary Registration District No. 3002
City Meyer Mo. (No. 1022 N. Mansfield)

File No. _____
Registered No. 116
St. _____ Ward _____

2. FULL NAME Tommy Leroy Potts

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 - 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931, to Oct 6, 1931
I last saw him... alive on Oct 6, 1931. Death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

Illness extended from mouth to digestive tract proper, causing severe diarrhea, vomiting and mal-nourishment.

Date of onset about 9/14/31

Other contributory causes of importance:

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? no
If so, specify _____

(Signed) Helen A. Rohweder, M. D. 0
(Address) Meyer, Missouri

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Meyer Mo</u>
	13. NAME <u>Wm. Potts</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway Co Mo</u>
	15. MAIDEN NAME <u>Alla-DeLars</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>
	17. INFORMANT <u>Wm. Potts</u> (ADDRESS) <u>Meyer Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Meyer Mo</u> DATE <u>Oct 7 - 1931</u>
	19. UNDERTAKER <u>H. D. Sweet & Son</u> (ADDRESS) <u>Meyer Mo</u>
	20. FILED <u>Oct 7th</u> , 19 <u>31</u> <u>Ira S. Milligan</u> Registrar.

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.

NOV 23 1931

