CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

36651-1

Do not use this space.

1

36651-A

1. PLACE OF DEATH
County Vernon
Township Coal
City ~~Deerfield Mo~~ (No. ..... St. ..... Ward)

Registration District No. 870
Primary Registration District No. 6153

File No. .....
Registered No. .....

2. FULL NAME Mrs Mamie Evangeline Potter
(a) Residence. No. Deerfield Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Henry E Potter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7th 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	8	22	

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) Care of the Home
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Marquette Co Wis

PARENTS
10. NAME OF FATHER Byron Warren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Helen Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Michigan

14. INFORMANT Mr Henry E Potter
(Address) Deerfield Mo

15. FILED Nov 30, 1931 Mrs N. B Prince REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29th 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug Aug 15th, 1931, to Oct 27, 1931 that I last saw her alive on Oct 27th, 1931, and that death occurred, on the date stated above, at 11 2 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure Valvular lesion of heart
92A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 92A
..... (duration) ..... yrs. ..... mos. ..... ds.

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? .....
(Signed) E. E. Anderson, M. D.
, 19 (Address) Fort Scott Kans

*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	DATE OF BURIAL
Deerfield Mo Cemetery	Nov 1st 1931
20. UNDERTAKER	ADDRESS
Geo A Konantz	Ft Scott Kans