

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

Do not use this space.

38624

**PLACE OF DEATH**

County Polk  
Township Madison  
City Fair Play (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

Registration District No. 702  
Primary Registration District No. 4423

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Margaret Ellen Potts

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81      7      20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo

10. NAME OF FATHER Richard Wortham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Fair -

12. MAIDEN NAME OF MOTHER Mary Abbott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fair -

14. INFORMANT (Address) J.P. Potts  
Fair Play Mo

15. FILED Mo 20 19 31 Chas H Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mo 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Mo 18, 1931, to Mo 24, 1931 that I last saw her alive on Mo 18, 1931, and that death occurred, on the date stated above, at 109 1/2 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Undetermined. She has been  
uninsured for just 2 yrs  
but unattended by a physician  
2000 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) SOB (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED ✓  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Chas H Brown M. D.  
Mo 24, 19 31 (Address) Fair Play 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 Break Box Cem DATE OF BURIAL Mo 26 1931

20. UNDERTAKER W. W. Wright ADDRESS Fair Play Mo

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.

23/1931

