

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

Do not use this space.

**43195**

**1. PLACE OF DEATH**

County Washington  
Township Washington  
City Washington (No.         )

Registration District No. 875  
Primary Registration District No. 6162

File No.           
Registered No. 281a  
St.          Ward         

**2. FULL NAME**

Elizabeth Amanda Potter

(a) Residence. No. State Hospital #3 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1857

|        |           |          |          |                                  |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAY      | IF LESS than 1 day, hrs. or min. |
|        | <u>74</u> | <u>5</u> | <u>0</u> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)         

PARENTS

10. NAME OF FATHER Geo Riggs

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

12. MAIDEN NAME OF MOTHER Sarah McLaughlin

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

14. INFORMANT State Hospital #3  
(Address) Nevada, Mo.

15. 12/21/31 E. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1930, to Dec 16, 1931, that I last saw him alive on Dec 16, 1931, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

ch. nephritis  
131  
50412 (duration) ? yrs. mos. ds.

CONTRIBUTORY Tumor of left ovary (nonmalignant)  
(SECONDARY) (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? yes Dec 16 1931  
WHAT TEST CONFIRMED DIAGNOSIS clinical and autopsy  
(Signed) K. Sneydoff, M. D.  
Dec 16, 1931 (Address) State Hospital #3

\*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 12-16-31

20. UNDERTAKER          ADDRESS           
Myers John E. Meade

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.

RECORD

