

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

Do not use this space.

5142

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Joplin Primary Registration District No. 2002
 5 City Joplin (No. St. John Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Galena Ave St. _____ Ward. Galena Kan
 (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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>11</u>	<u>23</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife 1866
 (b) General nature of industry, business, or establishment in which employed (or employer) 1870-1886
 (c) Name of employer 1886

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

10. NAME OF FATHER Wm. A. Potter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

12. MAIDEN NAME OF MOTHER Martha Ann Biggs 1

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

14. INFORMANT (Address) Mrs. P. R. Steep Galena Kan

15. FILED 3/1/32 O. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/29 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-28, 1932, to 2-29, 1932 that I last saw him alive on 2-29, 1932, and that death occurred, on the date stated above, at 10 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage from fractured skull

CONTRIBUTORY (SECONDARY) Fall accidental (duration) yrs. mos. ds. 1

(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED 1866

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) Ombaleley M. D.

*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 Mt. Hope Cem. DATE OF BURIAL Mar. 2 1932

20. UNDERTAKER Boice and Co. ADDRESS Galena Kan

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.

MAR 28 1932



11