

APR 25 1932

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

Do not use this space.

7133

1. PLACE OF DEATH

108 County Vernon
Township Metz
City Metz (No. _____ St. _____ Ward _____)

Registration District No. 871
Primary Registration District No. 4325

File No. _____
Registered No. 6

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin Potter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 9 - 1843</u>		
7. AGE <u>89</u>	YEARS <u>1</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		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)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
13. NAME <u>Gibson Wallace</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
15. MAIDEN NAME <u>Amanda Harding</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>C. Potter</u> (ADDRESS) <u>Metz, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Metz, Mo.</u> DATE <u>Jan - 17 - 1932</u>
19. UNDERTAKER <u>Paul & R. Hawley</u> (ADDRESS) <u>Metz, Mo.</u>
20. FILED <u>Feb 16</u> 1932 <u>C. H. Mueller, M. D.</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 15</u> 1932
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 2nd</u> , 1932, to <u>Feb 15th</u> , 1932. I last saw her alive on <u>Feb 14th</u> , 1932. Death is said to have occurred on the date stated above, at <u>3 P.</u> m. <u>Feb 15th</u> 1932. The principal cause of death and related causes of importance were as follows: <u>I note capular fracture left femur</u> <u>186A</u> <u>194B</u> <u>167</u> Other contributory causes of importance: <u>Senility</u> <u>14</u>
Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury <u>Feb 15</u> , 1932 Where did injury occur? <u>at home</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>Fall</u> Nature of injury <u>fracture</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>P. C. Kelley</u> , M. D. (Address) <u>Metz, Mo.</u>

