

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 3300  
Township Kaw Primary Registration District No. 3300  
City Kansas City (No. 1005, Brooklyn) St. \_\_\_\_\_ Ward \_\_\_\_\_

8412

File No. \_\_\_\_\_  
Registered No. 991  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Mary C Potvin  
(a) Residence, No. 4005 Brooklyn, \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H. Potvin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15-1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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 \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

FATHER 13. NAME John Meekins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary - Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Thomas H Potvin

(ADDRESS) 1005 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE March 10 1932

19. UNDERTAKER Whelan & Co Sons

(ADDRESS) Kansas City Mo

20. FILED 3/9 1932 M. M. Carroll Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 7 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1921 to 2/6 1932  
I last saw her alive on 2-6 1932 Death is said to have occurred on the date stated above, at 2 p. m.  
The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis Date of onset \_\_\_\_\_  
430/31  
936  
970  
Other contributory causes of importance:  
Hypertension  
arteriosclerosis  
interstitial nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ M. D.  
(Signature) Carl E. ...  
(Address) 904 Ayrle Bldg  
Kc Mo

NO 909 argyle Bldg.