

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

Do not use this space.

19376 ✓

1. PLACE OF DEATH

48 County Jackson
Township Geneva
City Independence (No. _____, St. _____ Ward)

Registration District No. 395
Primary Registration District No. 5551A

File No. _____
Registered No. _____

2. FULL NAME

Edmond Potiet - Be
(a) Residence, No. Independence RR#3 St. 388 Ward. _____
(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 male 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 Mrs. Eliza Potiet.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1841
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) East of Independence Jackson Co

13. NAME Edmond Potiet

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John W Potiet Independence Mo RR#3 B 388

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash Cem DATE June 24 1932

19. UNDERTAKER (ADDRESS) Atty + Mitchell Independence Mo

20. FILED 8/10 1932 F W Juttler D Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dep Coxson to Dep Coxson, 19____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage
188 (rust)
103A
Date of onset 6/1

Other contributory causes of importance:

This Party Was Gored by a Vicious Bull

Name of operation _____ Date of _____
What best confirmed diagnosis? ① Was there an autopsy Yes

23. 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 Gored by a Bull
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) [Signature], M. D.
(Address) Indeps Mer

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

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

(10)

10

7