

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

Do not use this space.

20285

1. PLACE OF DEATH
73 County Newton Registration District No. 608
Township 7 Primary Registration District No. 6809
City Stella (No. _____) St. _____ Ward _____

2. FULL NAME Dixie M. Potts
(a) Residence, No. Sayfield Arkansas Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1913
7. AGE YEARS 19 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Rayco Missouri
13. NAME Richard Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
15. MAIDEN NAME Cora Potts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
17. INFORMANT Sing Potts
(ADDRESS) Sayfield Arkansas
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's Cemetery
19. UNDERTAKER (ADDRESS) Samuel P. Potts
Cassville Mo
20. FILED Aug 12, 1937 R. N. Parnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 15 - 1937
22. I HEREBY CERTIFY, That I attended deceased from June - 13 - 1937 to June 15 - 1937
I last saw her alive on June 13, 1937. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Eclampsia Date of onset _____
Other contributory causes of importance: Uterine Poisoning
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify Cardioid
(Signed) _____, M. D.
(Address) Stella Mo.

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.

APR 25 1937

WHITE PLAIN, WITH UPDATING MARK—THIS IS A PERMANENT RECORD

