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.

AUG 22 1932

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

Do not use this space.

22057

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 731

City St.Joseph. (No. 516 ,So.10th.St. St. Ward)

2. FULL NAME Clyde Alexander Potter

(a) Residence, No. 516 So.10th.St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Potter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov,24,1903

7. AGE: YEARS 28 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer. 101

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) May,1932

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston,Co. Mo. 1

FATHER

13. NAME: Samuel A.Potter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lineville, Iowa. 2

MOTHER

15. MAIDEN NAME: Nellie Hinkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Easton, Mo. 1

17. INFORMANT (ADDRESS): Mrs.Bessie Potter 516 So.10th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Mora Cemetery DATE July,28,1932

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED JUL 26 1932 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July,25,1932 .19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to July 24, 1932

I last saw him alive on July 24, 1932 Death is said to have occurred on the date stated above, at 5.00 P.M.

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

	Date of onset
Cancer of Rectum Dont Know	Unk.
4	

Other contributory causes of importance: ①

Secondary Anemia Six weeks

Name of operation Colostomy Date of May 19

What test confirmed diagnosis? Microscopic Was there 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 ✓

(Signed) Charles H. Werner, M. D.

(Address) Kirkpatrick Bldg, St.Joseph, Mo.