

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.

SEP 26 1933

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

Do not use this space.

26413

1. PLACE OF DEATH

County Jackson Registration District No. 349
 Township Kaw Primary Registration District No. 663
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. 3135

2. FULL NAME Gertrude V. Potts

(a) Residence, No. _____ St. _____ Ward Lake of the Forest, Kans
 (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 Female	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 H. W. Potts				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1872				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	61	5	0	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home			
	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) Concordia Kansas				
MOTHER	13. NAME D. W. Williams			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica New York			
	15. MAIDEN NAME Lovina Bennett			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lyons Iowa			
17. INFORMANT (ADDRESS) <u>Dr. W. Potts</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>8-3</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>St. Mary's & M. O. O'Connell</u>				
20. FILED <u>Aug 3</u> 19 <u>33</u> <u>M. M. Carrow</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 2, 1933**

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to Aug 2, 1933
 I last saw him alive on Aug 1, 1933. Death is said to have occurred on the date stated above, at 6 A.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Hepatis Date of onset 1932
Hb
Lf
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) G. H. Horie M. D.
 (Address) 1000 Rialto Bldg

Dr. H. J. ...
R. ...

SEP 25 1932

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