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

MAR 24 1934

Do not use this space.

7553

File No. 1 30

Registered No.

1. PLACE OF DEATH

108 County Vernon

Registration District No. 875

Township Washington

Primary Registration District No. 6162

City (No. , St. Ward)

2. FULL NAME Martha E. Potter

(a) Residence, No. State Hospital #3 St., 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 F

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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	2	7	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER

13. NAME N. Barr.

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

MOTHER

15. MAIDEN NAME Dual-Know"

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dual Kind

17. INFORMANT (ADDRESS) State Hospital #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlown DATE 2-15-34

19. UNDERTAKER (ADDRESS) Brady & Baughman Rich Hill Mo

20. FILED 2/15, 1934 W. M. Nunn. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1922, to Feb 13, 1934

I last saw h. alive on Feb 13, 1934. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

	Date of onset
Acute cardiac	2/10/34
95% decompensation	
15 hrs	

Other contributory causes of importance

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

(Signed) Katherine Sujetoff Jordan, M. D.

(Address) State Hospital #3

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.