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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 15795

Township — Primary Registration District No. 1001 — Registered No. 546

City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Albert J. Potts

(a) Residence, No. St., Ward. Filmore, Mo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 24, 1889

7. AGE: YEARS 44 — MONTHS 5 — DAYS 13 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Nodaway County, Missouri

FATHER
13. NAME: William F. Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway County, Missouri

MOTHER
15. MAIDEN NAME: Eva Messick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bolckow, Missouri

17. INFORMANT (ADDRESS): Mrs. Callie Potts, Filmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Filmore, Mo. DATE May 9, 1934

19. UNDERTAKER (ADDRESS): Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED 5-7-1934 John R Bender Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Maym 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 7, 1934
I last saw him alive on May 7, 1934 Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Fracture of Base of Skull.
188
194B

Date of onset

Other contributory causes of importance:

Name of operation none 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? Accident Date of injury 5-7, 1934
Where did injury occur? Fillmore Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At home, Dragged by horse.
Manner of injury Dragged by horse.
Nature of injury Basalar fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. D. Kearby, M. D.
(Address) St Joseph 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.

JUN 20 1934