

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

Do not use this space.

1. PLACE OF DEATH

County Nebraska
Township East
City Marshfield (No.)

Registration District No. 896
Primary Registration District No. 6198

File No. 28106
Registered No. 26
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15
10. Date deceased last worked at this occupation (month and year) 10 11. Total time (years) spent in this occupation 10

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

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Marshfield Mo DATE July 20 1934

19. UNDERTAKER (ADDRESS) McMahan Funeral Service Marshfield Mo

20. FILED July 30 1934 Elizabeth H. Highfill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1934

22. I HEREBY CERTIFY That I attended deceased from July 14 1934 to July 18 1934

I last saw him alive on July 18 1934. Death is said to have occurred on the date stated above, at 5:15 P.m.

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

Uremia - (Prostatic Obstruction) 2 yrs
Cystitis -

Other contributory causes of importance:
Senility (about 78 years old)
Starvation (In semi-coma - refused nourishment)

Name of operation No Date of
What test confirmed diagnosis? Chemical 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

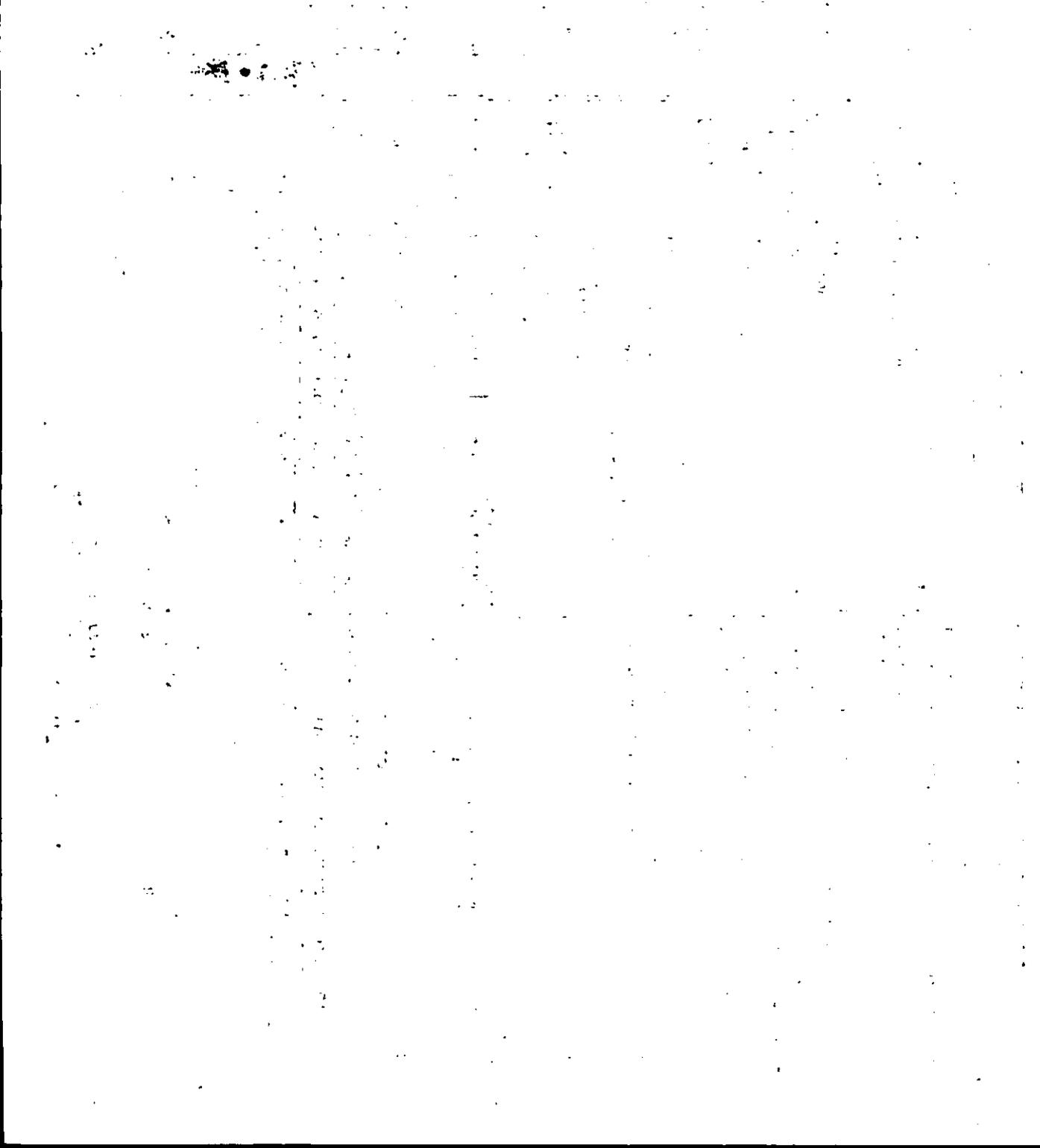
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C.P. Macdonnell, M. D.
(Address) Marshfield, 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.

AUG 14 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



#2

Frederick Ozark

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
26

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wells R. Potter
Who died at _____ on July 18, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed, or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 13 Year 1937

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Uremia (Prostatic obstruction) Cystitis Cystitis non-specific, septic. Not tuberculous. No malignancy diagnosed.

Other contributory causes of importance: Senility (78 yrs) Starvation (See Semi-Corona)

Name of operation _____ Date of 4 1/2 fused transurethral

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Elizabeth Highfield Date filed July 30-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. N. 896 Very truly yours,

Primary Reg. Dist. No. 6198

E. T. McLaugh

Special Agent.

*data supplied by Dr. C.R. Macdonald
Marsfield 9/11/34*

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