NOV 19 1934

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

Do not use this space.

File No. 28779

Registered No. 3

1. PLACE OF DEATH
County: Cooper
Township: Lebanon
City: Otterville (No. ..... St. ..... Ward)
Registration District No. 211
Primary Registration District No. 5300

2. FULL NAME Lula Maude Potter

(a) Residence. No. ..... 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: 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: Sam Potter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17 1876

7. AGE: Years 58 | Months --- | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): good
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Cooper Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER R A Page
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Lula Maude Page
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) Virginia

14. INFORMANT: Sam Potter
(Address) Otterville Mo

15. FILED Nov 9 1934 Robt. L. Fogle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1934

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934, to Aug 6, 1934, that I last saw him alive on Aug 5, 1934, and that death occurred, on the date stated above, at Aug 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion from heat
191
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. L. Dick, M. D
, 19 (Address) Syracuse, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Syracuse Mo
DATE OF BURIAL: 8/8 1934 19

20. UNDERTAKER: J L Spillers Otterville
ADDRESS

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.

PERMANENT RECORD