

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.

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

Do not use this space.

35393

NOV 1 2 1934

1. PLACE OF DEATH

County Callaway
Township Shamrock
City (No. _____) _____

Registration District No. 116
Primary Registration District No. 5166

File No. 30
Registered No. 30
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. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

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) Callaway Co. Missouri

13. NAME Joe Potts

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

15. MAIDEN NAME Eliza Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

17. INFORMANT (ADDRESS) Mrs J. W. Potts Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison Cemetery DATE Oct. 25 1934

19. UNDERTAKER (ADDRESS) Hughes Manpin Auxvasse, Mo.

20. FILED Oct. 25 1934 Miss Ethel Armstrong Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 ^{3:45} to Oct 24 1934

I last saw him alive on Oct 23 1934. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Influenza Date of onset _____

Other contributory causes of importance:

Senility

Name of operation _____ 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? _____ 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) W. B. Nichols, M. D.

(Address) Auxvasse Mo.

