

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.

APR 12 1935

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1. PLACE OF DEATH

County Dickinson

Township Jefferson

City St. Joseph

Registration District No. 85

Primary Registration District No. 1001

State Hospital #2. _____

File No. _____

Registered No. 287

8116

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Kansas City, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 Albert L. Potter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 7 26

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) Weston, Mo.

13. NAME A. H. O'Dowd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Mo.

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Weston, Mo. DATE Mar - 12, 1935

19. UNDERTAKER (ADDRESS) Walter Meinholfer
1302 Taron St. St. Joseph, Mo.

20. FILED 3-11-1935 J. M. K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 18, 1935 to May 10, 1935

I last saw her alive on Mar 10, 1935. Death is said to have occurred on the date stated above, at 9-30A.

The principal cause of death and related causes of importance were as follows: Palmyra tuberculosis (Date of onset 2-18-1935)

Other contributory causes of importance: 23

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide No 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. No

Manner of injury _____ Nature of injury _____

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

If so, specify (Signed) J. P. Keener M.D. (Address) St. Joseph, Mo. 3-19-35

