AUG 22 1935

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Dr. Hazelwood

File No. 4168

Registered No. 97

1. PLACE OF DEATH
County St Charles
Township St Charles
City St. Charles (No. ..... , ... St. ..... Ward)

Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME Sidney Edgar Potts
(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 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 Sarah L. Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 62 yrs 9 mos 15 days

7. AGE 236

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	9	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Charles Country
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) Illinois

FATHER
13. NAME James Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Liza Harrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) J. C. Potts St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Charles Bellomo DATE July 6 1935

19. UNDERTAKER (ADDRESS) H. Dallmeyer & Sons Co 700 N. 2nd St St Charles

20. FILED 7/2 1935 Clarence T. Hussler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1934, to July 3, 1935
I last saw him alive on July 3, 1935. Death is said to have occurred on the date stated above, at 6:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	7/3/35
Other contributory causes of importance:	
Essential hypertension	2
Arteriosclerosis	2
Hemiplegia	9/5/34
Acute Heart failure	7/3/35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) R. O. Hayden, M. D.
(Address) St. Charles, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.