

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

Do not use this space.

SEP 25 1935

26593

1. PLACE OF DEATH

County Jackson Registration District No. 397
 Township Primary Registration District No. 1100
 City K. C. Mo (No. Trinity Lutheran Hosp) St. Ward)

File No. 2342
 Registered No.

2. FULL NAME

L. A. Potter Jr
 (a) Residence, No. Ryle, Mo. 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 M 4. COLOR OR RACE W 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) Oct 20, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
 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) Pleasanton Kansas

13. NAME L. A. Potter

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

15. MAIDEN NAME Hattie Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

17. INFORMANT (ADDRESS) L. A. Potter Ryle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasanton, Mo DATE Aug 24, 1935

19. UNDERTAKER (ADDRESS) P. Taylor & Sons Pleasanton, Mo

20. FILED Aug 24, 1935 M. M. Brown, Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935 to Aug 24, 1935
 I last saw him alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 12 noon

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

acute suppurative frontal sinusitis
Septicemia
acute myocarditis
 Date of onset Aug 17-35
11 18-35

Other contributory causes of importance: acute myocarditis Aug 25-35

Name of operation External Frontal Drainage of Sinus Date of Aug 21-35
 What test confirmed diagnosis? Wassermann. Was there an autopsy? yes

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?
 If so, specify no
 (Signed) Homer A. Beal M. D.
 (Address) 1002 Argyle Bldg.

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.

Dr. Homer Beal

Orange Bluff

12th & 9th Sts.

10th St. N. W.
