

JAN 15 1936

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

Do not use this space.

38604

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 001  
City St. Joseph, Mo. (No. \_\_\_\_\_) Mo. Neck St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 1207

2. FULL NAME

Joseph Frances Potter  
(a) Residence, No. Robinson, Kans. St. \_\_\_\_\_ Ward. Robinson  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Ma</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Louis Potter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4 1856</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Union, Illinois</u>		
FATHER	13. NAME <u>Wm. Henry Potter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York, New York</u>	
MOTHER	15. MAIDEN NAME <u>Kester Lane</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union, Illinois</u>	
17. INFORMANT <u>Miss Kester Potter</u> (ADDRESS) <u>Robinson, Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Heawatha</u> DATE <u>12/31</u> 19 <u>35</u>		
19. UNDERTAKER <u>Freeman &amp; Son Inc.</u> (ADDRESS) <u>1944 Colby St. St. Joe Mo.</u>		
20. FILED <u>62-3</u> 19 <u>35</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/24 1935 to 12/2 1935  
I last saw him alive on 12/2 1935 Death is said to have occurred on the date stated above, at 11:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Pyelonephritis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertrophied Prostate

Name of operation Prostatectomy Date of 11/23/35  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_  
(Signed) Charles K. Koenig M. D.  
(Address) Rocky, St. Joseph 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.

