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.

9421

APR 15 1936

1. PLACE OF DEATH

County Buchanan — Registration District No. 83 — File No.

Township Washington — Primary Registration District No. 1001 — Registered No. 427

City St. Joseph, Mo. (No. Sunnyslope Hosptl. St. Ward)

2. FULL NAME MRS. MAUDE ADELLA POTTENGER

(a) Residence, No. IIII N. 6 th. St., Ward. (If nonresident, give city or town and State)
(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: 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 R.V. POTTENGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 th. 1882

7. AGE — YEARS: 53 — MONTHS: 3 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Scandia Kansas

FATHER

13. NAME Harry C. Reeves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Philadelphia

MOTHER

15. MAIDEN NAME Martha J. Hickman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

17. INFORMANT (ADDRESS) R.V. POTTENGER IIII N.6 th.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah, Mo. DATE March 19th 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. St. Joseph Mo.

20. FILED MAR 19 1936 19 John A. Bereder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1936, to March 18, 1936

I last saw her alive on 3-17- 1936. Death is said to have occurred on the date stated above, at 4. 30 A.M.

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

Meningitis (Epidemic Type) — Date of onset

Other contributory causes of importance:

18

Name of operation ✓ Date of

What test confirmed diagnosis? laboratory examined 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) A. J. Smith, M. D.

(Address) Pts Neg