

SE. 30

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

Do not use this space.

30810  
3600

SEP 29 1936

1. PLACE OF DEATH

County Jackson  
Township J Kaw  
City Kansas City (No. Sh Lukes Hospital St.          Ward)

Registration District No. 399  
Primary Registration District No. 1007

File No.           
Registered No.         

2. FULL NAME

Miss Gertrude Potter

(a) Residence, No. Berkshire Hotel Ward.         

(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 He 4. COLOR OR RACE White 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) July-16-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 0 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hoose Wiles  
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) Arlington Ky.

FATHER 13. NAME John Potter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

MOTHER 15. MAIDEN NAME Alice Potter

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

17. INFORMANT (ADDRESS) Mrs C. E. Bingham 345 M. Hawth

18. BURIAL, CREMATION, OR REMOVAL PLACE Honest Hill DATE Aug 4 1936

19. UNDERTAKER (ADDRESS) H. W. Mew, Cement Sons Kansas City, Mo.

20. FILED 8-3 1936 M. M. Crowe deat Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/22/36, 1936 to 8/17/36, 1936

I last saw her alive on 8/11/36, 1936. Death is said to have occurred on the date stated above, at 11:35 p.m.

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

Uræmia, terminal Date of onset 3 da

Other contributory causes of importance: 1390

Simple Nephrosis  
Not malignant

Name of operation Coprostomy Date of 7/24/36

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) H. A. Carter, M. D.

(Address) 1500 Prof Bldg

K C 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.

