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.

FEB 27 1937

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

Do not use this space.

2069

1. PLACE OF DEATH
County: Lincoln
Township: Hawiaw
City: (No. 9 St. Ward)
Registration District No. 486
Primary Registration District No. 3649
File No.
Registered No. 1

2. FULL NAME Maggie 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: 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: Joe Potts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16-1864
7. AGE: Years 72 Months 5 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 295
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): Lincoln Co Mo

FATHER
13. NAME: Samuel Weeks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Ellen Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo

17. INFORMANT (ADDRESS): Guy Potts Whiteside Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE Mill Creek Cemetery DATE Dec 23 1936
19. UNDERTAKER (ADDRESS): Gooch Funeral Co. Calhoun Mo
20. FILED 2-10 1937 ~~B. M. Gooch~~ Registrar.
C. E. Powell

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1936
22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1936 to 12/22, 1936
I last saw he alive on 12/22, 1936 Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 12/17-36 |

Other contributory causes of importance:
Chronic myocarditis

Name of operation: — Date of: —
What test confirmed diagnosis? — 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) J. B. Hoeger, M. D.
(Address) Whiteside Mo.