

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANANRegistration District No. 85Township WASHINGTONPrimary Registration District No. 1001City ST. JOSEPH, MO.(No. 2413 ANGELIQUE)File No. 5000Registered No. 174

St. _____ Ward _____

2. FULL NAME MARY ALICE POTEET(a) Residence, No. 2413 ANGELIQUE St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? / yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES POTEET6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 2ND, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<input checked="" type="checkbox"/>	<u>83</u>	<u>10</u>	<u>9</u>	

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) BUCHANAN COUNTY, MO.13. NAME JOHN K. JOHNSON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY15. MAIDEN NAME MARY E. STEVENS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN17. INFORMANT (ADDRESS) ROGER S. LEE 2413 ANGELIQUE ST., JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW DATE FEB. 14TH 193719. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1246 CALHOUN ST. JOSEPH, MO.20. FILED FEB 17 1937 H. J. Mettler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 11TH, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1937 to Feb 11, 1937
Last saw h. F. R. alive on Feb. 8, 1937 Death is said to have occurred on the date stated above, at 12.35 P.

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

Arterio-Sclerosis 1935
Sub-Acute Bronchitis Jan 31 1937
1060

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? clinical 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) London DeWright M. D.
(Address) 845 So. 19th St. Saint 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.

OCCUPATION

MOTHER FATHER

