

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

Do not use this space.

**JUN 17 1937**

1. PLACE OF DEATH  
 14 County Callaway Registration District No. 1111 File No. 19647  
 Township Liberty Primary Registration District No. 5163 Registered No. 2 St.        Ward) 1  
 City        (No.       )  
 2. FULL NAME Louisa Elliott Potts  
 (a) Residence, No.        St.        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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Gray Potts  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69 69 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Missouri

13. NAME Joseph M. McKem

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Louisa Vivian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Frances Potts (ADDRESS) Nathan, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cem. DATE May 22, 1937

19. UNDERTAKER Leg. L. Williams (ADDRESS) Newton, Mo

20. FILED May 20, 1937 B. H. Stephens Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Wed. 12, 1937 to May 20, 1937  
 I last saw her alive on May 18, 1937 Death is said to have occurred on the date stated above, at        m.  
 The principal cause of death and related causes of importance were as follows:

Chr. Myo cardit Date of onset       

Other contributory causes of importance       

Name of operation None Date of         
 What test confirmed diagnosis? Phys. Exam. Autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury       , 1937  
 Where did injury occur? X (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X X X  
 Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify         
 (Signed)       , M. D.  
 (Address) Australia, 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.

