

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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

Do not use this space.

JUN 2 1 1937

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield Primary Registration District No. 2001
City Springfield (No. 933) Hamilton St. L Ward 1
2. FULL NAME Anna Potter
(a) Residence, No. 933 Hamilton St. L Ward 1
(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.

File No. 20004
Registered No. 0374
St. L Ward 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Clay Potter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1856
7. AGE YEARS 81 MONTHS 3 DAYS 3
If LESS than 1 day, hrs. or min.
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. In Home
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) Ill.
13. NAME George Anthis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
15. MAIDEN NAME Ann Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del.

17. INFORMANT Mrs Annie Ferguson
(ADDRESS) 17 W. Eastern
18. BURIAL, CREMATION, OR REMOVAL PLACE Deasant Ridge DATE May 3 1937
19. UNDERTAKER W. Klingman (ADDRESS) Yes
Springfield, Mo.
20. FILED May 3 1937 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st 1937
22. I HEREBY CERTIFY, That I attended deceased from April 20th, 1937, to May 1st, 1937
I last saw him alive on May 1st, 1937. Death is said to have occurred on the date stated above, at 11-15th.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Asthma
(Asthma commenced 4/20/37)
Date of onset _____

Other contributory causes of importance: _____
A3

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) W. F. Evans, M. D.
(Address) Springfield, Mo.

100