

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard Registration District No. 940 File No. 25046
Township New Lisbon Primary Registration District No. 6102 Registered No. 25
City (No. _____) St. _____ Ward _____

2. FULL NAME Jasper Freeman Potter

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1916, Nov 2</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>21</u>	<u>6</u>	<u>10</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>			
	10. Date deceased last worked at this occupation (month and year) <u>5-13-37</u>			
				11. Total time (years) spent in this occupation. <u>10 yr</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Corn Ridge Missouri</u>				
FATHER	13. NAME <u>John L. Potter</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Corn Ridge Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Catherine Smith</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White County Missouri</u>			
17. INFORMANT (ADDRESS) <u>Dr. John H. G. G. G. G.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview</u> DATE <u>6-2-37</u>				
19. UNDERTAKER (ADDRESS) <u>Childs Undertaker 83 Loomis St</u>				
20. FILED <u>June 24 1937</u> <u>Wm. H. G. G. G.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6, 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5, 12, 1937 to 6, 21, 1937
I last saw him alive on 5, 21, 1937 Death is said to have occurred on the date stated above, at 2:20 A.M.
The principal cause of death and related causes of importance were as follows:
Typhoid fever Date of onset 5, 29, 37

Other contributory causes of importance:
Intestinal Hemorrhage 5, 29, 37

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 3
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. John H. G. G. G.
(Address) Cairo, Missouri

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stoddard
Township New Lisbon
City (No. _____) _____ St. _____ Ward _____

Registration District No. 834
Primary Registration District No. 6103

File No. 25046
Registered No. 26

2. FULL NAME

Jasper Freeman Patten

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1915 Nov 21

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 4-18-1937 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acorn Ridge Missouri

13. NAME John L. Patten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acorn Ridge Missouri

15. MAIDEN NAME Gertrude Smith

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

17. INFORMANT (ADDRESS) Jahub Patten R # 1 Pines

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 6-2 1937

19. UNDERTAKER (ADDRESS) Childs undertakers Bloomfield Mo

20. FILED 9-9 1937 D S Mc Fee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12 to 5-31 1937
I last saw him alive on 5-31 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Typhoid fever
Intestinal Hemorrhage
Date of onset 5/21/37

Other contributory causes of importance:
Intestinal Hemorrhage
5/29/37

Name of operation _____ 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?
If so, specify _____

(Signed) John H. Patten M. D. D
(Address) Pines

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