

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

Do not use this space.

28810

1. PLACE OF DEATH: **SEP 10 1937**
 County: _____ Registration District No. **791**
 Township: _____ Primary Registration District No. **1003**
 City: **St. Louis** (No. **Peoples Hospital**) St. _____ Ward _____

2. FULL NAME: **Ronald Potter**
 (a) Residence, No. **1125 N. Channing St.** Ward. **21**
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX: **Male**
 4. COLOR OR RACE: **Col.**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **July 10, 1937**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Nil.**
 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): **St. Louis, Mo.**

FATHER
 13. NAME: **William Potter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Tennessee**

MOTHER
 15. MAIDEN NAME: **Fannie Mae Lockridge**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Columbia, Tennessee**

17. INFORMANT (ADDRESS): **William Potter, 1125 N. Channing**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE: **Greenwood** DATE: **Aug 6, 1937**

19. UNDERTAKER (ADDRESS): **H. C. Gordon, 2649 - 57th St., St. Louis**

20. FILED (ADDRESS): **J. P. Predeck, Registrar**

21. DATE OF DEATH (MONTH, DAY, AND YEAR): **August 3, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **7-31-1937** to **8-3-1937**
 I last saw him alive on **8-3-1937**. Death is said to have occurred on the date stated above, at **5 P** m.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset **2 days**
107a
 Other contributory causes of importance:

Influenza of New Born
↓ Acute S. pneumoniae

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Cult.** 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) **J. P. Predeck**, M. D.
 (Address) **229. 4th St.**

AUG 6 1937

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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