

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

Do not use this space

32457

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **803**

City.....

(No. **St. Anthony's**)

File No.

Registered No. **8511**

Ward.....

2. FULL NAME

(a) Residence, No. **3042 N. Main St.**

(Usual place of abode)

Ward. **James Hill**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. **1**

mos. **1**

ds. **1**

How long in U. S., if of foreign birth?

yrs. **1**

mos. **1**

ds. **1**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Catherine Potter

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

Sept. 6 - 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

35

38

0

3

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

Salesman

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

Permittee C

10. Date deceased last worked at this occupation (month and year)

Aug. 1937

11. Total time (years) spent in this occupation **5**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Edwardsville, Illinois

13. NAME

Pius Potter

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

Germany

15. MAIDEN NAME

Catherine Peters

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

Edwardsville, Illinois

17. INFORMANT (ADDRESS)

Edm. Potter, Edwardsville, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Madison, Ill.

DATE

Sept 9, 1937

19. UNDERTAKER (ADDRESS)

Francis J. Baker, Madison, Ill.

20. FILED

SEP 10 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 9, 1937

I HEREBY CERTIFY, That I attended deceased from

8/10/37, 19 **to** **9/9/37**, 19

I last saw him alive on **Sept 9**, 1937. Death is said

to have occurred on the date stated above, at **9:50 P.M.**

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

Hemia from Chronic Pyonephrosis, Bitch of calculus

Date of onset

Other contributory causes of importance:

Bladder neck abscess due to Bladder stones

Name of operation **Prostatectomy** Date of

What test confirmed diagnosis? **Chronic** 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. S. Mead**, M. D.

(Address) **St. Louis, Mo.**

For James Hill

