

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.

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35278

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790

Primary Registration District No. 60339

(No. St. Louis County Hospital)

File No. _____

Registered No. 310

St. _____ Ward) _____

2. FULL NAME George Potts

(a) Residence, No. 9225 Leeonora

St. _____

Ward. Overland Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 1 26

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

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 Marion Potts

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

15. MAIDEN NAME Tabartha Reed

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

17. INFORMANT (ADDRESS) Life, divorced Catherine Potts 9225 Leeonora

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Sept 6 1937

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Madison Ave

20. FILED 7/4 1937 Dr. A. J. Squarrelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 83 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-18-37 1937, to 9-3-37 1937

I last saw him alive on 9-3-37 1937 Death is said

to have occurred on the date stated above, at 4:00 P.M.

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

Gen. Peritonitis (perforated ulcer) Date of onset about July 5-37
Emphysema
Jaundice

Other contributory causes of importance:

Name of operation Celestine anastomosis
What test confirmed diagnosis? Operation 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 _____, 1937

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) Dr. A. J. Squarrelli M. D.

(Address) St. Louis County Hospital

Clayton, Mo.

