JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County *Montgomery*
Township *Bear Creek*
City *Bellflower* (No. ,

Registration District No. 5-89
Primary Registration District No. 43-47
5-77

File No. 46117
Registered No. 1

St. Ward.

2. FULL NAME *Benjamin Loan Potter*

(a) Residence, No. *Bellflower* 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	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *White*
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) *Dec 29 - 37*

7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or *15* min.

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. ✓
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) *Bellflower Mo*

FATHER
13. NAME *Harry A Potter*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fredonia Kansas*

MOTHER
15. MAIDEN NAME *Ruby M. Smith*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Custer Co Ino.*

17. INFORMANT *Harry A Potter*
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE *Bellflower Mo* DATE *12-29-37*
19. UNDERTAKER *Floyd A Ferrier*
(ADDRESS) *Bellflower Mo*
20. FILED *Jan 5 1938* *C A Bell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 29 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 29* 193*7*, to *Dec 29*, 193*7*
I last saw h..M... alive on *Dec 29*, 193*7* Death is said to have occurred on the date stated above, at *10:10 A*m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital cardiac malformation
Sudden Death

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) *Allen H. Van Arsdale M.D.*
(Address) *Bellflower, Mo*