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.

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

2177

Do not use this space.

1. PLACE OF DEATH
(a) County Butler — Registration District No. 89
(b) Township — Primary Registration District No. 3007 — Registered No. 14
(c) City Poplar Bluff — (d) Street No. Brandon Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Mays Potts 320
(a) Residence, No. 805 Benton Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OF (OR) WIFE OF: Nancy Lou Potts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 12, 1876

7. AGE: YEARS 61 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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): Grays County Kentucky

FATHER
13. NAME: Richard Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Martha Francis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Nancy Lou Potts, 805 Benton, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem. DATE: Jan. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS): Greer Funeral Service, Poplar Bluff, Mo.

20. FILED 1/15, 1938 — Obgutsinger, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Jan 14, 1938. I last saw him alive on Jan 14, 1938. Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1/12/38
93C	
Other contributory causes of importance:	
Chronic Myocarditis	?

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

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24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. L. Knuhert, M. D.
(Address) Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. C. Croy, Licensed Embalmer No. 3474

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3474 or by Registered Apprentice No.

working under my personal supervision.

Signed W. C. Croy

Licensed Embalmer No. 3474

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)