

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

Do not use this space.

1. PLACE OF DEATH

County *Scott*
Township *Kelso*
City (No. _____) _____ St. _____ Ward _____

Registration District No. *816*
Primary Registration District No. *6065*

File No. *4293*
Registered No. *4*

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX *Female* 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) *Jan 1, 1933*

7. AGE YEARS *5* MONTHS *0* DAYS *24* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Agent*
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) *Rockview Scott Mo*

FATHER 13. NAME *Eugene Potty*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pemscott Mo*

MOTHER 15. MAIDEN NAME *Berita Eskew*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chaffee Mo*

17. INFORMANT (ADDRESS) *Eugene Potty Chaffee Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rockview Cem* DATE *1/26/38*

19. UNDERTAKER (ADDRESS) *Bizzlinghoff & Hubbs Chaffee Mo*

20. FILED *1/27 1938* *W. O. Finney* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-25*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *1-20*, 1938, to *1-25*, 1938.

I last saw her alive on *1-21*, 1938 Death is said

to have occurred on the date stated above, at *7 a*. m.

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

*Pulmonary Edema
General Anoxia
Chr. Myocarditis
Dilated Heart
Sequelae to Pertussis*

Date of onset

Dec 1938

Other contributory causes of importance:

Blood Transfusion 1-22-38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. O. Finney* M. D.

(Address) *Chaffee Mo*

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.

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