

REC'D MAR 17 1938

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

7059

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Julesburg Primary Registration District No. 2007 Registered No. ....  
 (c) City Jasper (d) Street No. 605 W 13th 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Jess F. Potts 320  
 (a) Residence, No. 605 W 13th St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1881

7. AGE YEARS 57 MONTHS 0 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

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. .... Shoemaker

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 1

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

FATHER 13. NAME Geo Potts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Coppenbarger

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

17. INFORMANT W.F. Potts  
(ADDRESS) 2603 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawview DATE Feb 14 38

19. FUNERAL DIRECTOR Frank Sievers  
(ADDRESS) 4th and 1/2

20. FILED 2-15-38 1938 Ed D. James  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 38, to Feb 17 38, 1938

I last saw him alive on Feb 17 38, 1938 Death is said

to have occurred on the date stated above, at 5:35 p.m.

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

Mitral Insufficiency

Other contributory causes of importance:

Drapsy

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) W.F. Potts, M. D.

(Address) Jasper Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed David Dillon  
Licensed Embalmer No. 3898

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