

MAR 23 1938

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

Do not use this space.  
7746  
55 52  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3022  
City Sedalia (No. 519 East, 5th. St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Alexander C. Potter 360  
(a) Residence, No. 519 East 5th. St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Potter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1849</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>9</u>	DAYS <u>26</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Teacher</u>	
	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) <u>Mo.</u>		
MOTHER	13. NAME <u>William Potter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
	15. MAIDEN NAME <u>Hannah DeWitt</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
17. INFORMANT <u>Mrs. Julia Potter</u> (ADDRESS) <u>Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>Feb. 5, 1938</u>		
19. UNDERTAKER <u>Gillespie Funeral Home</u> (ADDRESS) <u>Sedalia, Mo.</u>		
20. FILED <u>2-4-</u> 19 <u>38</u> <u>J. H. [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1938 to Feb. 3, 1938  
I last saw him alive on Feb. 1, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Encephalitis  
Deceased of Local  
131  
Date of onset 2/3/38

Other contributory causes of importance:  
Arterio Sclerosis  
Ch. Int. Nephritis  
Myocardial Degeneration  
Hypertrophic Stenosis  
Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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) Frank B. [Signature] M. D.  
(Address) Sedalia, 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.

