Carlisle

REC'D APR 20 1939

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

Do not use this space.

11845

1. PLACE OF DEATH

80 County Pettis

Township

City Sedalia

Registration District No. 668

Primary Registration District No. 3032

(No. Bothwell Hospital St. Ward)

File No. 86

Registered No. 4856

2. FULL NAME 320 Hortense Doehler Potts

(a) Residence, No. 1104 West 3rd 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.B.Potts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.15,1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
39	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Rochester N.Y.

FATHER

13. NAME Frank Doehler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kellop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) H.B.Potts Sedalia,Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rocheport,Mo. DATE March5,1939

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home 906 Sedalia,Mo.

20. FILED 3-4- 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3,1939

22. I HEREBY CERTIFY, That I attended deceased from 6th of Feb, 1939, to March 3, 1939

I last saw her alive on March 3, 1939 Death is said to have occurred on the date stated above, at 8 12 A m.

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

	Date of onset
① Chr. Myocarditis (Decompensated)	?
② Chr. Int. Nephritis (Ascites and Edema)	?
131	
Other contributory causes of importance:	
Secondary Anemia -	?

Name of operation No Date of

What test confirmed diagnosis? Findings - Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jno B. Carlisle M.D., M. D.

3.4.39 (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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 4/10/39