

1937 DEC 12 1937

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

39405
Do not use this space.

1. PLACE OF DEATH *Jefferson* ² *1*
 (a) County *Jefferson* Registration District No. *21.3*
 (b) Township *Jefferson* Primary Registration District No. *30.14* Registered No. *270*
 (c) City *Jefferson* or *Jefferson* (d) Street No. *Nuff. park Road.* 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 *360 OLIVER T. POTTER*
 (a) Residence, No. *Nuff park Road.* 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 *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) *Julie Potter.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 14, 1888*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>51</i>	<i>8</i>	<i>7</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Saboner.*

9. Industry or business in which work was done, as saw mill, bank, etc. *plumbing.*

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

12. BIRTHPLACE (CITY OR TOWN) *cole co* (STATE OR COUNTRY) *Missouri* *0*

FATHER 13. NAME *Wm H. Potter.* *1*
 14. BIRTHPLACE (CITY OR TOWN) *Indiana* (STATE OR COUNTRY) *0*

MOTHER 15. MAIDEN NAME *Mary E. Brizendie.*
 16. BIRTHPLACE (CITY OR TOWN) *cole co.* (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Julie Potter*
Jefferson city, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *11/25, 1937*

19. FUNERAL DIRECTOR (NAME) *Talmer Service* (ADDRESS) *Jefferson city, Mo.*

20. FILED *11-27-37* 1937 *W. Sturgeon* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 21, 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw *Casner's Code* alive on _____, 19____ Death is said to have occurred on the date stated above, at *4 p.m.*
 The principal cause of death and related causes of importance were as follows:
Suicide
 Date of onset _____

Other contributory causes of importance:
none

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:
 Accidental, suicide, or homicide? *Suicide* Date of injury *11-21-1937*
 Where did injury occur? *Jefferson City, Mo.* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Shot himself*
 Nature of injury *4*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *Frank J. Nichol Casner*, M. D.
 (Address) _____

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

-1 X1685

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by D. M. Davis, Registered Apprentice No. _____ working under my personal supervision.

Signed D. M. Davis
Licensed Embalmer No. 3741
P. O. Address Jefferson City Mo

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

If this body is not embalmed, above space should be left blank.