

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

12631

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard
(b) Township Clark
(c) City Berrie
(e) Length of residence in city or town where death occurred yrs. / mos. ds.

Registration District No. 836
Primary Registration District No. 6100
(d) Street No. 2

Registered No. 19

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

JEFFERSON, E. Potts
(a) Residence, No. near Berrie mo 0 St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Potts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER 13. NAME Jefferson Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Lucie Greene
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.V.

17. INFORMANT (ADDRESS) Mrs Mary Potts Berrie mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Berrie mo DATE March 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duncan Funeral Home Berrie mo

20. FILED Mar 28, 1940 Laura Hopkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9th, 1940

22. I HEREBY CERTIFY, That attended deceased from 3/9 - 3/9 1940 to 3/9 - 3/9 1940

I last saw him alive on 3/9 1940 Death is said to have occurred on the date stated above, at 11 P m.

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

Labor Pneumonia Date of onset 3/6

Other contributory causes of importance:

Name of operation None Date of No
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1940

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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) S. S. Harris, M. D.
(Address) Berrie 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.

RECEIVED

District Health Officer No. 2,

District File Number 440-89

Date Filed 4/6/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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