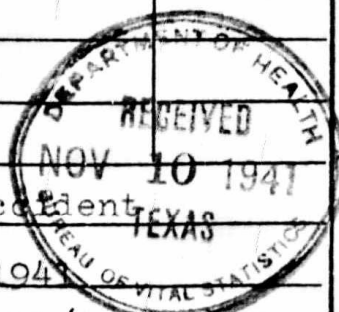


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NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		44991	
STATE OF TEXAS		Dallas			
COUNTY OF					
CITY OR PRECINCT NO.		Dallas		916 Cadiz -Morten Milling Company	
2. FULL NAME OF DECEASED		Joseph Elmer Potts		GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
LENGTH OF RESIDENCE WHERE DEATH OCCURRED		YEARS 5 MONTHS DAYS		(SOCIAL SECURITY NO. 466-12-1988)	
RESIDENCE OF THE DECEASED		STREET 2424 Forest Ave		CITY Dallas	
				COUNTY Dallas	
				STATE Texas	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX		4. COLOR OR RACE		17. DATE OF DEATH	
Male		White		October 1st 1941	
5. SINGLE, MARRIED, WID. OWED OR DIVORCED (WRITE THE WORD)		Married		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Held Inquest October 1st 1941	
6. DATE OF BIRTH		March 9th 1913		I LAST SAW H. ALIVE ON 194	
7. AGE		YEARS 28 MONTHS 6 DAYS 22		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 2:30 P. M.	
		IF LESS THAN 1 DAY		THE PRIMARY CAUSE OF DEATH WAS:	
8A. TRADE, PROFESSION OR KIND OF WORK DONE		Carpenter		Head Injury	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		Construction of Building		Compound Fracture of Skull Instant	
9. BIRTHPLACE (STATE OR COUNTRY)		Texas		CONTRIBUTORY CAUSES WERE	
10. NAME		Erwin Potts			
11. BIRTHPLACE (STATE OR COUNTRY)		Texas			
12. MAIDEN NAME		Susie Huff			
13. BIRTHPLACE (STATE OR COUNTRY)		Texas			
14. SIGNATURE		Mrs. Gladys Potts		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE Accident	
ADDRESS		2424 Forest Ave. Dallas		DATE OF OCCURRENCE Oct. 1st 1941	
		TEXAS		PLACE OF OCCURRENCE 916 Cadiz St/Dallas, Texas	
15. PLACE OF BURIAL OR REMOVAL		Emory,		MANNER OR MEANS Fell From Tower	
DATE		October 3rd 1941		IF RELATED TO OCCUPATION OF DECEASED SPECIFY	
16. SIGNATURE		McKamy-Campbell By JF McKamy		SIGNATURE	
ADDRESS		Dallas		ADDRESS	
		TEXAS		310 Court House Dallas	
20. FILE NUMBER		FILE DATE		SIGNATURE OF LOCAL REGISTRAR	
				POSTOFFICE ADDRESS	



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