

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

Do not use this space.

27636

1. PLACE OF DEATH

City Joplin, Mo.
Township
City Joplin, Mo. (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. 358
St. Ward)

2. FULL NAME

(a) Residence. No. 408 West B. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Mar
(write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will C. Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Accty Editor
(b) General nature of industry, business, or establishment in which employed (or employer) Joplin Globe
(c) Name of employer same

9. BIRTHPLACE (CITY OR TOWN) Joplin, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Ed. Lucius L. Wittick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Charlotte L. Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Roseville, Ind.
(STATE OR COUNTRY)

14. INFORMANT Will C. Porter
(Address) 408 W. B.

15. FILED 8/28 Dr. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 6 1928

17. I HEREBY CERTIFY, That ~~deceased~~ deceased from 19..... to 19..... that I last saw her alive on Aug 15 1928, and that death occurred, on the date stated above, at Joplin, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary of Brain

CONTRIBUTORY (SECONDARY) 50 -
417

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. P. Snyder, M. D.
, 19 (Address) Joplin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Anthony's DATE OF BURIAL Aug. 15 1928

20. UNDERTAKER Frank Marino & Joplin Mo
ADDRESS

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.

THIS IS A PERMANENT RECORD

26 1928

