

OCT 30 1930

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

Do not use this space.

30470

1. PLACE OF DEATH

County Macon
Township Wheat
City Macon

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 73
St. Ward)

2. FULL NAME

Eliza Jane Joiner
(a) Residence. No. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WHO WERE OR WERE DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Joiner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 30 1847</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>4</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS	10. NAME OF FATHER <u>Samuel P. Porter</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Racy</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>

14. INFORMANT J. E. Joiner
(Address) Macon

15. FILED 30 1930 Mrs Luke Hunkler
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1930

17. I HEREBY CERTIFY That I attended deceased from Sept 17 1930 to Sept 21 1930 that I last saw her... alive on Sept 21 1930 and that death occurred, on the date stated above, at 11:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
120E
111E (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute Cervicitis
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
1140
DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Cultural
WAS THERE AN AUTOPSY? No
(Signed) Howard Wells, M. D.

9/21 1930 (Address) macon 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 Oakwood
DATE OF BURIAL 9/23 1930

20. UNDERTAKER Stephens Fodding
ADDRESS Macon Mo

WRITE PLAINLY, WITH OWARDING MATTER THIS IS NOT A PERMIT TO PRINT. 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.

