MAR 23 [illegible]

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 4658

Township Primary Registration District No. 1001 Registered No. 179

City St. Joseph (No. 3303 Locust street St. Ward)

2. FULL NAME Amelia Porter

(a) Residence. No. 3303 Locust street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyrus O. Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 2, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	4	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linden
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER George Wolfe

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

12. MAIDEN NAME OF MOTHER Catherine Branstine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McAlure
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Nelle Raynolds
(Address) 3303 Locust St.-St. Joseph Mo.

15. FILED FEB 16 1931, 19 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1931, to Feb 15th, 1931 that I last saw her alive on Feb 15, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

93D

97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 93B

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D.

Feb. 16 1931 (Address) St Joseph 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	DATE OF BURIAL
Linden Cemetery-Linden Mo.	Feb. 17 1931
20. UNDERTAKER H. O. Sedenfaden	ADDRESS 1802 Union St.

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.

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