

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 27 1932

17132 a

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

Do not use this space.

1. PLACE OF DEATH  
 87 County Ralls Co Registration District No. 726  
 Township Spencer Primary Registration District No. 7782  
 City \_\_\_\_\_ (No. 5757) St. \_\_\_\_\_ Ward \_\_\_\_\_

17132 a  
 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elois Porter  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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.  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clude Porter</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1891</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>8</u>	DAYS <u>24</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>				
FATHER	13. NAME <u>Chris Tompkins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Ella Lear</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Chas Tompkins</u> (ADDRESS) <u>New London Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Garney</u> DATE <u>6/1</u> <u>1932</u>				
19. UNDERTAKER <u>A W Piper</u> (ADDRESS)				
20. FILED <u>6-2</u> 19 <u>32</u> by <u>Cluette Ragan</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 30</u> 19 <u>32</u>	
22. I HEREBY CERTIFY, That I attended deceased <u>ON</u> <u>May 30</u> 19 <u>32</u> to _____, 19____ I last saw <u>her</u> alive on <u>May 30</u> 19 <u>32</u> Death is said to have occurred on the date stated above, at <u>10:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Poison</u> <u>163X / 103</u> Other contributory causes of importance: <u>Mentally efficient</u> <u>(3)</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>suicide</u> Date of injury _____, 19____ Where did injury occur? <u>at her home Ralls Co</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>R. Tompkins</u> (Address) <u>Harrison, Mo</u>	

