

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 22 1932

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

Do not use this space.

22094

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff, Mo. (No.) St. Ward) 125

2. FULL NAME

William A. Poreh
 (a) Residence, No. 1106 Fairmount St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 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 male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) married |
|-----------------------|----------------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Delta May Poreh**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 8, 1881**

| | | | | |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | 50 | 11 | 23 | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant <u>171</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 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) **Stoddard County Missouri**

13. NAME **Jesse Poreh**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown** 31

17. INFORMANT **Mrs. Delta May Poreh**
 (ADDRESS) **1106 Fairmount Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bloomfield, Mo.** DATE **July 28, 1932**

19. UNDERTAKER **Greer Undertaking Company**
 (ADDRESS) **Poplar Bluff, Missouri**

20. FILED **July 28, 1932** D. J. Clem Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26, 1932**

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to July 26 1932
 I last saw him alive on July 26 1932 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Appendicular Abscess
1932 / 26 / 11 P
 Other contributory causes of importance: Acute Dilatation of Heart ①

Name of operation Appendectomy Date of 7-19-32
 What test confirmed diagnosis? path. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (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?
 If so, specify
 (Signed) Wm. Kenan M. D.
 (Address) Poplar Bluff, Mo.

