

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

4256

1. PLACE OF DEATH
97 County Saline Registration District No. 796
5 Township Primary Registration District No. 3038
9 City Marshall (No.) St. (Ward)

File No.
Registered No.

2. FULL NAME Margaret Porter
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blair H. Porter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1868
7. AGE YEARS 64 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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 ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1933
22. I HEREBY CERTIFY, that I attended deceased from June 1, 1930, to Jan 23 - 33.
I last saw h. alive on Jan 23, 1933 Death is said to have occurred on the date stated above, at 10:12 a.m.
The principal cause of death and related causes of importance were as follows:

Splenic
13.4 anemia Date of onset 1930
Other contributory causes of importance: 73

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Ky.
13. NAME Thaddeus Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 74
15. MAIDEN NAME Parthenia Elton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 74
17. INFORMANT Blair H. Porter (ADDRESS) Marshall Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Jan 25, 1933
19. UNDERTAKER W. W. Campbell (ADDRESS) Marshall Mo.
20. FILED 2-4-1933 W. C. Putnam Registrar.

Name of operation Date of
What test confirmed diagnosis? Clonus Was there an autopsy? no
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? no
If so, specify (Signed) A. Summers M. D. (Address) Marshall Mo.

1933

