APR 24 1933

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

Do not use this space.

10490

1. PLACE OF DEATH

County Nodaway — Registration District No. 624 — File No.

Township ~~Hopkins~~ — Primary Registration District No. 4375 — Registered No. 6

City Hopkins (No. ..... St. ..... Ward)

2. FULL NAME Alice Jane Porter

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

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theo. Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6 - 1860

7. AGE: YEARS 72 — MONTHS 9 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): 1920
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

FATHER

13. NAME: Charles E. Melching
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Sarah E. Beck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Ora C. Melching, St Paul Minn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins DATE Mch. 25, 1933

19. UNDERTAKER (ADDRESS): L. Wetmore, Bedford Ia

20. FILED 3/24, 1933 O. H. Sayler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1933, to Mar 23, 1933

I last saw her alive on Mar 22, 1933 Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	✓
Chr. Nephritis	
131 / 131	
951	
94	
Other contributory causes of importance:	
Hypertension	6 yrs.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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) Richard B. Bridgeman Jr., M. D.

(Address) Hopkins Mo.

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2.