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

Do not use this space.

12666

1. PLACE OF DEATH

21 County Chariton — Registration District No. 171 — File No.

Township Keytesville — Primary Registration District No. 5237 — Registered No. 7

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

2. FULL NAME Joseph 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) [illegible]

7. AGE: YEARS 91 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co

PARENTS

10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT (Address): J. R. Rodgers, Keytesville Mo

15. FILED Apr 3 1933 — Jettie Sneed, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-2- 1933

17. I HEREBY CERTIFY, That I attended deceased from 3-5-, 1933, to 4-2-, 1933, that I last saw him alive on 4-2-, 1933, and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilitation
Preceded by Cardiac hypertrophy
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Rheumatism
(duration) 2 yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A W Lillman, M. D.
, 19 (Address) Keytesville

*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: County Infirmary — DATE OF BURIAL: Apr 4 1933

20. UNDERTAKER — ADDRESS

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.

MAY 22 1933