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 26 1933

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

Do not use this space.

23861

1. PLACE OF DEATH
County Montgomery
Township Upper Loutre
City Wellsville Mo (No. ..... St. ..... Ward)

Registration District No. 595
Primary Registration District No. 5797

File No. 11
Registered No. 11

2. FULL NAME Orville E. 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 2 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-24-1868

7. AGE: YEARS 65 | MONTHS 5 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 50 y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co

FATHER
13. NAME Jeff Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co.

MOTHER
15. MAIDEN NAME Mary E Bay.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co.

17. INFORMANT (ADDRESS) Ray E. Porter. Moberly Mo R. 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE July-26 1933

19. UNDERTAKER (ADDRESS) F. W. Kuhne Wellsville Mo.

20. FILED July 27 1933 Lorene W Kuhne
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to July 1933
I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septico-Pyaemia origin in throat	July 18 1933
97A	
36	
117	
Other contributory causes of importance:	
Bronchial Asthma	1918
Chronic Valvular Heart Disease	1930

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) R. A. Markovitz M.D.
(Address) Wellsville Mo.