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.

JAN 26 1934

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

Do not use this space.

40301

File No. 67

Registered No.

1. PLACE OF DEATH

County: Monroe — Registration District No. 582

Township: — Primary Registration District No. 4344

City: Paris (No. ..... St. ..... Ward)

2. FULL NAME: Richard Porter

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

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 17, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail Drug Store

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 COUNTY): Monroe Co. Mo.

FATHER

13. NAME: Richard Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Md.

MOTHER

15. MAIDEN NAME: Martha Giles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ky.

17. INFORMANT (ADDRESS): Mrs. Mollie Porter, Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Walnut Grove DATE: 12/30 1933

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris, Mo.

20. FILED: DEC 29 1933 — H C Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Dec 29, 1933. I last saw h. alive on Dec 28, 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Hemiplegia — Date of onset 12/28/33

S/D

Other contributory causes of importance: Arteriosclerosis — Date of onset 3 yr

Name of operation ..... 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) H C Payne, M. D.

(Address) Paris, Mo.