

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.

OCT 10 1934

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

Do not use this space.

36446

1. PLACE OF DEATH

County Jefferson
Township Wentworth
City Festus (No. _____)

Registration District No. 421
Primary Registration District No. 5376

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX - male 4. COLOR OF FACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Porter

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1872

8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 62 1 27

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

11. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Victoria, Mo

13. NAME Alfred H. Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson, Mo

15. MAIDEN NAME Mary Dorsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Robert Porter (ADDRESS) Festus, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 10/7/34

19. UNDERTAKER Winkard Co (ADDRESS) Festus, Mo

20. FILED 10/4/34 1934 J. E. Rutledge Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/4/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Oct 4, 1934

I last saw him alive on Oct 4, 1934. Death is said to have occurred on the date stated above, at 6:10 p.m.

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

Myocarditis
Arteriosclerosis
Hypertension

Other contributory causes of importance:

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) A. P. Smith, M. D.

(Address) Festus, Mo

