

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.

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

Do not use this space.

NOV 15 1934

36555

1. PLACE OF DEATH

County Lincoln Registration District No. 490
 Township _____ Primary Registration District No. 4297
 City Siles (No. _____) St. _____ Ward _____

2. FULL NAME

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8-1855

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>10</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1919 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) Lincoln Co. (STATE OR COUNTRY) Missouri

13. NAME William Jordan Motley

14. BIRTHPLACE (CITY OR TOWN) Sike Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Palmer

16. BIRTHPLACE (CITY OR TOWN) Lincoln Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Martha Motley (ADDRESS) Siles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Indian Creek DATE 10-24-34

19. UNDERTAKER John H. Harrison (ADDRESS) Siles Mo.

20. FILED 10-23, 1934 O. H. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-22-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1934, to Oct 22, 1934.
 I last saw him alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:

59 Diabetes.
99 Anemia.
59
 Other contributory causes of importance: Artero-sclerosis.

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy 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? _____
 If so, specify _____
 (Signed) O. H. Harrison, M. D.
 (Address) Siles Mo.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of August, 1948.

J. Edgar Hoover
 Director