

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

Do not use this space.

42268

1. PLACE OF DEATH

County Vermont Registration District No. 875
Township Washington Primary Registration District No. 6162
City Nevada (No. _____) St. _____ Ward _____

File No. _____
Registered No. 229

2. FULL NAME Porter Elizabeth C.

(a) Residence, No. State Hospital, Nevada Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1841

7. AGE YEARS 94 MONTHS 6 DYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

13. NAME William Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME ?

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

17. INFORMANT Mr. J. C. Briggs Carthage Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage DATE Dec 11 19. 35

19. UNDERTAKER J. Hill and Co
(ADDRESS) Carthage Mo

20. FILED 12/11 19. 35 M. Greisinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1935 to Dec 11 1935

I last saw her alive on Dec 10 1935 Death is said to have occurred on the date stated above, at 5 1/2 m.

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

Chronic Myocardial Failure
Generalized Atherosclerosis
Thrombophlebitis

Other contributory causes of importance:
Generalized Atherosclerosis
Thrombophlebitis

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? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Geo. W. Pearce Jr, M. D.
(Address) Nevada Mo

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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