

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.

Dr. H. H. H. H.

JAN 20 1937

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

Do not use this space.

41587

1. PLACE OF DEATH

County Jasper Registration District No. 409
Township Madison Primary Registration District No. 5564
City Carthage (No. Route 1 St. _____ Ward _____)

2. FULL NAME Emma A. Snelling Portrey

(a) Residence, No. Route 1, Carthage St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. J. Portrey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 12

OCCUPATION 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) Trenton Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Hazel Smith (dau.)
(ADDRESS) Muncie, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Fullerton Cemet^{ery} DATE Nov. 21, 1936

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Nov. 21, 1936 R. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-5-36, 19... to 10-18-36, 19...

I last saw h. alive on 10-1-36, 19... Death is said

to have occurred on the date stated above, at 2:25 pm

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

Carcinoma of Ovary Date of onset 1935
Metastases to Pelvic Adrenas '36
Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Exam - 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) William M. Howard, M. D.
(Address) Carthage Mo.

