

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 7 1937

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

Do not use this space.

47475

1. PLACE OF DEATH

County Washington
Township Union
City Old Mines, Mo. (No. _____)

Registration District No. 887
Primary Registration District No. 6182

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

2. FULL NAME

George Henry Portell
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1928

7. AGE YEARS 8 MONTHS 7 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Old Mines (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Albert Portell

14. BIRTHPLACE (CITY OR TOWN) Old Mines (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lucinda DeGonia

16. BIRTHPLACE (CITY OR TOWN) Old Mines (STATE OR COUNTRY) Mo.

17. INFORMANT Albert Portell (ADDRESS) Old Mines Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE To Toxi Mo DATE 12/23 1936

19. UNDERTAKER J. B. Ayers & Son (ADDRESS) To Toxi Mo.

20. FILED Jan 1 1937 G. F. Purman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw h. Deceased alive on _____, 19____ Death is said

to have occurred on the date stated above, at 8:30 A.m.

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

Status Lymphaticus Date of onset _____

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? 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Presswell, M. D.

(Address) Catonsville, Mo.

