

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

Do not use this space.

MAY 20 1937

File No. **16311**
Registered No. _____
St. _____ Ward) _____

1. PLACE OF DEATH
39 County Bremer Registration District No. 316
Township Bremer Primary Registration District No. 4191
6 City Ash Grove, Mo (No. 4) St. _____ Ward) _____

2. FULL NAME Jolly Ann Porter
(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

MEDICAL CERTIFICATE OF DEATH

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 W. J. Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-18-1854

7. AGE YEARS 83 MONTHS 3 DAYS 2 1/2 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) Missouri

FATHER 13. NAME James Hibbs

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

MOTHER 15. MAIDEN NAME Nancy Carver

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

17. INFORMANT Bert Porter
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Murray DATE April-23-37

19. UNDERTAKER Bremer Funeral Service
(ADDRESS) Ash Grove, Mo

20. FILED April 24 - 1937 Mrs Leonard Jones
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-22-1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937, to April 22, 1937
I last saw her alive on April 21st, 1937. Death is said to have occurred on the date stated above, at 7:30 AM.
The principal cause of death and related causes of importance were as follows:
Pulmonary edema
Date of onset: _____

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation none Date of no
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? _____ 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) Charles J. Maffie, M. D.
(Address) Ash Grove, 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.

