

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.

JUL 31 1937

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

Do not use this space.
 24553
 191

1. PLACE OF DEATH
 County Pettis 2 Registration District No. 664
 Township 1 Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME Minnie Porter
 (a) Residence, No. 623 N. Pettis 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 <u>F</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee Porter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15 1877</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>6</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Private Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>August 1936</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>		
13. NAME <u>Frank Barber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>		
15. MAIDEN NAME <u>Maggie Fowler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>		
17. INFORMANT <u>Ethel Gray</u> (ADDRESS) <u>Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia Mo</u> DATE _____ 19____		
19. UNDERTAKER <u>F. D. Ferguson</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>6-19-37</u> <u>Frank Black</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-11-1937 to 6-17-1937
 I last saw her alive on 6-17-1937. Death is said to have occurred on the date stated above, at 6:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
Chronic myocarditis

Other contributory causes of importance: None

Name of operation not any Date of _____
 What test confirmed diagnosis fluor. Was there an autopsy? _____

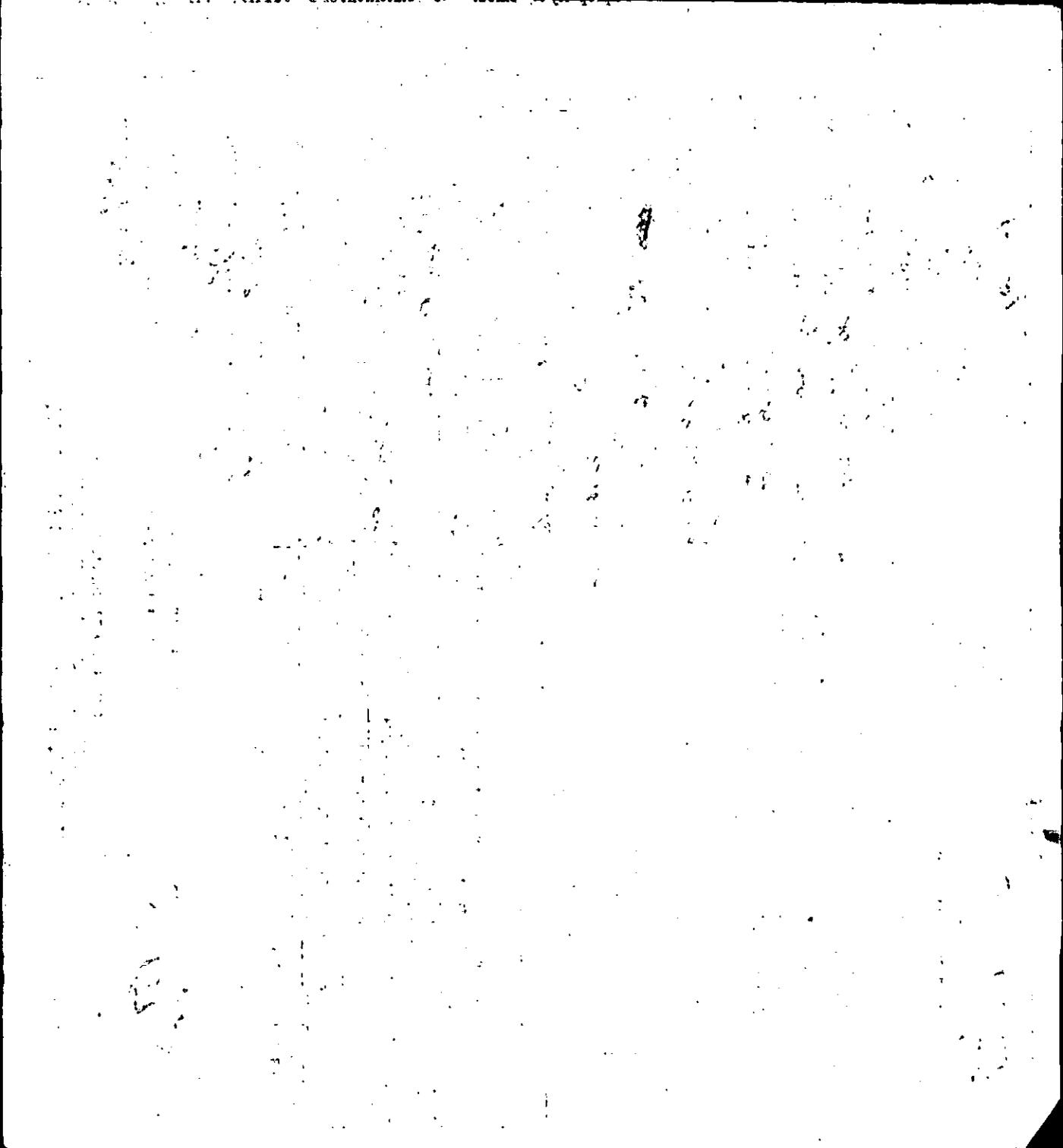
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. R. Maddox M. D.
 (Address) 116 1/2 W. Main

OCCUPATION
 MOTHER
 FATHER

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