

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

Do not use this space.

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3510

1. PLACE OF DEATH
 70 County Montgomery Registration District No. 592
 50 Township Montgomery Primary Registration District No. 4350
 0 City Montgomery (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Porter Whitesides 323

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS <u>85</u>	MONTHS
	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	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.....
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middleton, Mass.</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <u>Chas Brown</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montgomery City, Mo</u> DATE <u>Jan 10 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Janney City, Mo</u>		
20. FILED <u>Jan 10 1938</u> <u>Small Wender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938

22. I HEREBY CERTIFY, that I attended deceased from March 1 1935 to Jan 9 1938
 I last saw him alive on Jan 7 1938. Death is said to have occurred on the date stated above, at 114 m.
 The principal cause of death and related causes of importance were as follows:

<u>Interstrial</u>	Date of onset
<u>Emphysema</u>	<u>7 yrs</u>
<u>Chronic organic valvular heart (mitral stenosis)</u>	<u>7 yrs</u>
<u>Arteriosclerosis</u>	<u>7 yrs</u>
<u>General</u>	<u>1 yr</u>

Other contributory causes of importance:
None

Name of operation None Date of
 What test confirmed diagnosis? clinical 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) A. A. Hardwick D. O.
 (Address) Wellsville, 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.

RECEIVED

FEB 28 1938

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