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.

REC'D APR 20 1938

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

Do not use this space.

File No. 11334

Registered No.

1. PLACE OF DEATH
County: Lincoln
Township: ~~[illegible]~~ Clark
City: Near Troy (No. ..... St. ..... Ward)
Registration District No. 491
Primary Registration District No. 5656

2. FULL NAME (Unnamed) Portwood - 1.33
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 38
7. AGE: Years | Months | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Near Troy (STATE OR COUNTRY) Lincoln County Mo.

FATHER
13. NAME Roger Portwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Missouri

MOTHER
15. MAIDEN NAME Veva Melinda Lallee
16. BIRTHPLACE (CITY OR TOWN) Mauro (STATE OR COUNTRY) Lincoln Co.

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hallers DATE Feb 24 1938

19. UNDERTAKER (ADDRESS) Lincoln Mo

20. FILED Feb 24 1938 Mrs Pearl Muck Registrar. 440

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to Feb 24, 1938
I last saw her alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 10:15 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mos)	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Aleirich, M. D.
(Address) Troy, Mo.