

REC'D OCT 18 1938

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

Do not use this space.

31551

1. PLACE OF DEATHCounty AdairRegistration District No. 4File No. 162

Township

Primary Registration District No. 3001Registered No. 3-2 Ward)City Kirksville(No. Laughlin Hospital, Jefferson St.)**2. FULL NAME**(a) Residence, No. William C. Porter 636 St. La Grange Mo 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 PARTICULARS3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Snodie Porter6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 8 - 18817. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 1 28. 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. Porter Truck Line
10. Date deceased last worked at this occupation (month, and year) March 1938
11. Total time (years) spent in this occupation 6 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Missouri13. NAME George Porter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange15. MAIDEN NAME Berna Loudermills16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Mo.17. INFORMANT (ADDRESS) G. H. Hopkins La Grange Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Overland Cemetery DATE 9-12-193819. UNDERTAKER (ADDRESS) Deerfield Funeral Home Kirksville Mo.20. FILED Sept 11, 1938 Spencer L. Meenan Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938 to Sept 10, 1938I last saw him alive on Sept 10, 1938 Death is saidto have occurred on the date stated above, at 6:06 p.m.

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

Paralytic ileus

Date of onset

Other contributory causes of importance:

Chronic alcoholismAppendicitisName of operation Appendectomy Date of 9/3/38What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no3 (Signed) Earl Laughlin J M.D.(Address) Kirksville, 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

District Health Officer No. 10

Health File Number 10-28-208

Date Filed 10-11-38