

1938 OCT 18 133

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

Do not use this space.

568

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 31708

Township

Primary Registration District No. 107

Registered No. 913

City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Elith Porter

(a) Residence, No. Atlanta Mo. St. Atlanta Mo Ward. Atlanta Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 1862

7. AGE

YEARS 76

MONTHS 2

DAYS 2

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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)

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Meigs Mo. 29-4

19. UNDERTAKER (ADDRESS) Shrews Gooding Meigs Mo.

20. FILED 9-2 1938

W. J. Weidensch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1938, to Sept. 2, 1938.

I last saw him alive on Sept. 2, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility

Name of operation

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

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) R. Kuhlman, M. D.  
(Address) State Hosp. No. 2

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, C. L. Stephens, Licensed Embalmer No. 3057  
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me  
or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

(Signed)

C. L. Stephens

Licensed Embalmer No. 3057

NOTE: This certificate is invalid unless countersigned by the Licensed Embalmer on the reverse side of this certificate.