

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

Do not use this space.

REC'D FEB 6 1937

**1. PLACE OF DEATH**

County **NEW MADRID**

Registration District No. **603**

File No. **3205**

Township **MOREHOUSE, MO.**

Primary Registration District No. **4357**

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME WILLIAM L. PORTER**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred **35** 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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED  
**HUSBAND OF MARTHIA PORTER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH, 16, 1865**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<b>72</b>	<b>9</b>	<b>3</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **RETIRED FARMER**

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) **CAIRO**  
(STATE OR COUNTRY) **ILL.**

FATHER 13. NAME **TOM PORTER**

14. BIRTHPLACE (CITY OR TOWN) **CAIRO**  
(STATE OR COUNTRY) **ILL.**

MOTHER 15. MAIDEN NAME **EMILY PORTER**

16. BIRTHPLACE (CITY OR TOWN) **CAIRO**  
(STATE OR COUNTRY) **ILL.**

17. INFORMANT **ODE PORTER**  
(ADDRESS) **MOREHOUSE MISSOURI**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **McMULLIN, MO.** DATE **12, 20** 19. **32**

19. UNDERTAKER **ALBRITTON & PARRISH**  
(ADDRESS) **MOREHOUSE, MO.**

20. FILED **4/26** 19**37** **John Parrish**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC. 19th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 19**37**, to **Dec 19**, 19**37**  
I last saw him alive on **Dec 12**, 19**37**. Death is said to have occurred on the date stated above, at **2 am**.

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

**Paronychia**  
**crustall** Date of onset **8 mos ago**

Other contributory causes of importance: **51**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Cholera** 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? **no**  
If so, specify \_\_\_\_\_  
(Signed) **Howard M. Kindig**, M. D.  
(Address) **St. Louis, Mo.**

