

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 13 1939

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

10225
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007 Registered No. 73
 (c) City Poplar Bluff, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Nina Elsie Porter

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. William Porter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1896
 7. AGE YEARS 42 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) September 1938 11. Total time (years) spent in this occupation 23 yrs.

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Missouri

13. NAME George Phillips

14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Missouri

15. MAIDEN NAME Cora Cruce

16. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Missouri

17. INFORMANT Husband, Mr. William Porter
(ADDRESS) Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Cemetery DATE 9-28-1939

19. FUNERAL DIRECTOR Black's Hortuary
(ADDRESS) Corning, Arkansas

20. FILED 3/28 1939 [Signature]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 21, 1939

I last saw her alive on March 21, 1939 Death is said

to have occurred on the date stated above, at 3:10 p.m.

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

Post Operative Shock following operation for ovarian cyst.

Date of onset

Other contributory causes of importance: 1344

Name of operation For Ovarian Sist. Date of 3-18-39

What test confirmed diagnosis? _____ 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) J. W. McPheters, M. D.

89 (Address) Poplar Bluff, Missouri

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)