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.

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

FILED AUG 10 1944

Do not use this space.

24800

File No. 24

Registered No.

Registration District No. 382

Primary Registration District No. 4228

1. PLACE OF DEATH

County: HOWARD

Township: CHARITON

City: GLASGOW (No. 24, St., Ward)

2. FULL NAME: LAURA PORTERFIELD ZELTNER

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

Length of residence in city or town where death occurred 46 yrs. — mos. — 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ALBERT M. ZELTNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV 16, 1866

7. AGE: Years 77 | Months 7 | Days 23 | 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.: Home

10. Date deceased last worked at this occupation (month and year): April 1944

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Lanover Indiana

FATHER

13. NAME: Robert R. Porterfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Bristol Tennessee

MOTHER

15. MAIDEN NAME: Rebecca Bartlett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Lebanon Indiana

17. INFORMANT (ADDRESS): Mrs Roy Young Roanoke Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Cheriton Cemetery DATE: July 11 1944

19. UNDERTAKER (ADDRESS): Cudsley & Fremouth Glasgow Mo.

20. FILED 7/11/44 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1944

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1944, to 7-9, 1944. I last saw her alive on 7-8, 1944. Death is said to have occurred on the date stated above, at 8 P.M.

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

	Date of onset
Carcinoma of Breast and Chest	

Other contributory causes of importance: 50

Name of operation: None Date of

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) W. B. Stilchen, M. D.

(Address) Glasgow Mo. 7/10/44

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-8-44

This body embalmed by
J. Walker Audsley Glasgow Mo.
Missouri Licence #3336