

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

Do not use this space.

MAR 24 1934

4409

1. PLACE OF DEATH

County Wade  
Township Wade  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 1109  
Primary Registration District No. 5-333

File No. 3  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Porterfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1847

7. AGE YEARS 86 MONTHS 5 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Candor County Illinois

13. NAME Waddle

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT John Porterfield (ADDRESS) Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bald Mound DATE Feb. 27 1934

19. UNDERTAKER Will Mayhew (ADDRESS) Wadesville, Mo.

20. FILED Feb 27 1934 Winnie King Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1934, to Feb. 4, 1934

I last saw her alive on Feb. 4, 1934 Death is said

to have occurred on the date stated above, at 9 p.m.

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

Influenza. Date of onset \_\_\_\_\_

Other contributory causes of importance: old age.

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 1934

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) O. H. Hembree, M. D.

(Address) Greenfield, Missouri

OCT 24 1998