

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.

MAY 27 1936

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

86 last fair.
Do not use this space.

14561

1. PLACE OF DEATH *Clinton*
County.....
Township *Concord*
City..... (No.....) St..... Ward.....

Registration District No. *207*
Primary Registration District No. *4125*
5286

File No. *23*
Registered No. *13*
St..... Ward.....

2. FULL NAME *Mary Louise Porter*

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred *50* 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 *F* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm. S. Porter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 5, - 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 13

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

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) *Virginia*

MOTHER FATHER 13. NAME *Winfred F. Hamilton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Eliza Brown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *John Porter*
Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Plattsburg* DATE *7-20* 1936

19. UNDERTAKER (ADDRESS) *Nelson S. Brien*
Plattsburg Mo

20. FILED *4/20* 1936 *C. W. Cradham*
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 18, 1936*

22. I HEREBY CERTIFY, That I attended deceased from 1936 to *Apr. 17, 1936*
I last saw her alive on *Apr. 17, 1936*. Death is said to have occurred on the date stated above, at *12:30 A.M.*

The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset *Apr. 18-36*

Other contributory causes of importance:
Chronic Hepatitis 1930

Name of operation *None* Date of.....
What test confirmed diagnosis? *Chronic symptoms* 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....., 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. P. Walden*, M. D.
(Address) *Plattsburg Mo*

