

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Adair Registration District No. 460
 Township Davis Primary Registration District No. 4274
 City Higginsville (No. _____ St. _____ Ward _____)

2. FULL NAME Sarah Jane Porter
 (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)

File No. 38041

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 James Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>6</u>	<u>6</u>	

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) Knoxsport Mo

MOTHER FATHER

13. NAME Martin Payne

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

15. MAIDEN NAME Margaret Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amsterdam North Carolina

17. INFORMANT (ADDRESS) James M. Porter Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Padre Cem. DATE Oct 27 1937

19. UNDERTAKER (ADDRESS) Kooper & Miners Hagen Higginsville Mo

20. FILED Nov-1 1937 Tiffany Webb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 - 1937, to Aug. 17 - 1937
 I last saw her alive on Aug. 17 - 1937 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular renal
uraemia
 Date of onset _____

Other contributory causes of importance:
Cyphosis
95B2

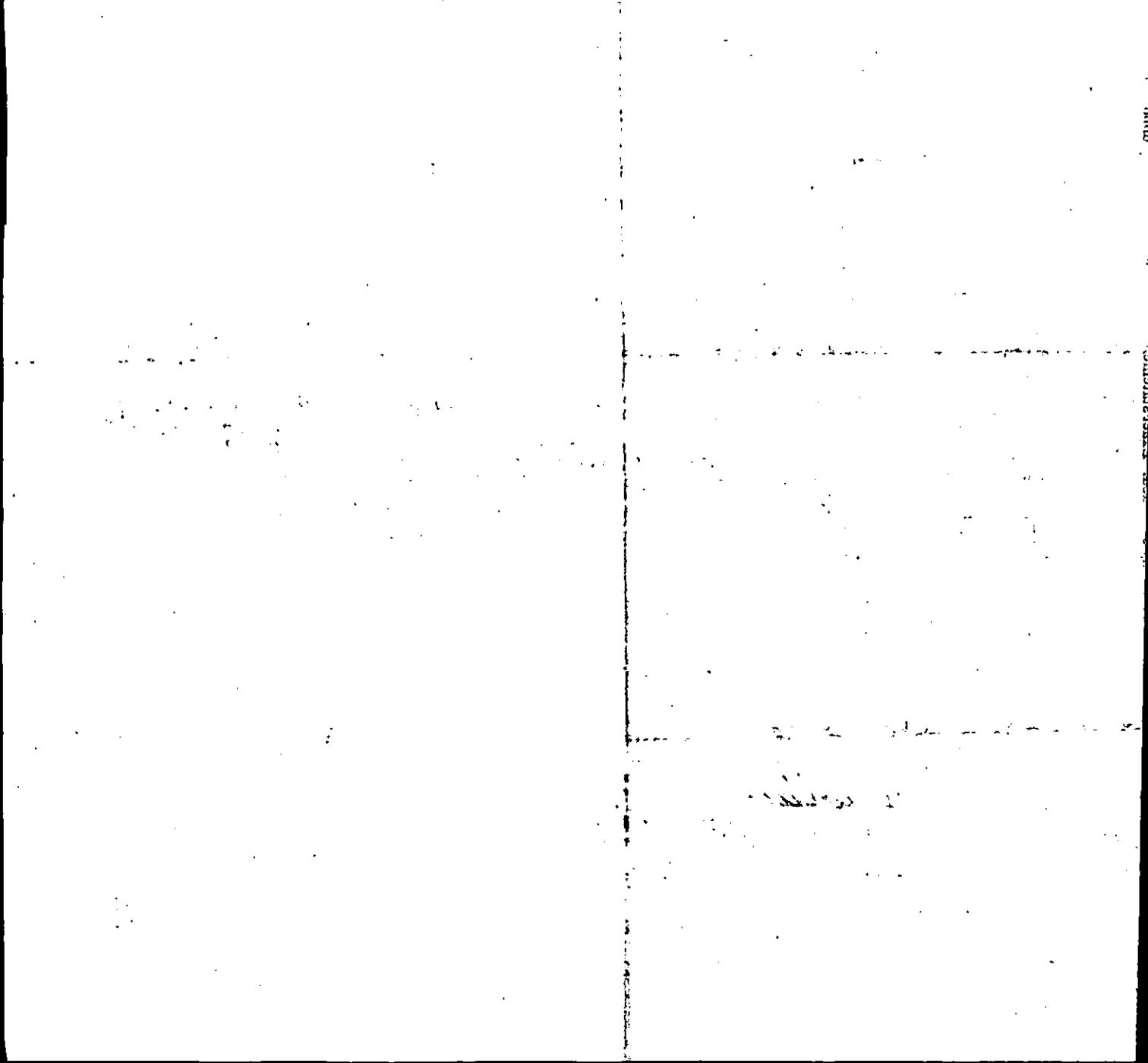
Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No.

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. A. Brack Rhein, M. D.
 (Address) Higginsville, Mo

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.



S-38041