

REC'D NOV 14 1939

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

36160
Do not use this space.

1. PLACE OF DEATH
 (a) County Grundy Registration District No. 328
 (b) Township 1 Primary Registration District No. 3017 Registered No. _____
 (c) City TRENTON (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 4 1/2 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 63 1/2 Ada Francis Porter
 (a) Residence, No. 704 West 4th 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 Clarence R. Porter
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>46</u>	<u>5</u>	<u>29</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) June, 14, 1939 11. Total time (years) spent in this occupation 4 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) Gal 13. NAME Horatio Grant
 (STATE OR COUNTRY) Missouri 14. BIRTHPLACE (CITY OR TOWN) Jacksonville
 (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Lucinda Ambuster
 16. BIRTHPLACE (CITY OR TOWN) Glennwood
 (STATE OR COUNTRY) Missouri

17. INFORMANT Clarence R. Porter
 (ADDRESS) Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grundy County DATE 6-20
Grundy County, Mo. 1939

19. FUNERAL DIRECTOR (NAME) Blain James Home
 (ADDRESS) Trenton, Mo.

20. FILED 6-20 19 39 Jene D. Jarr
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to June 18, 1939
 I last saw her alive on June 18, 1939. Death is said to have occurred on the date stated above, at 11.9 a.m.
 The principal cause of death and related causes of importance were as follows:
Valvular Disease of the Heart Date of onset July 23, 38

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) JR Roots, M. D.
 (Address) Trenton Mo.

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.

RECEIVED

District Health Officer No. 117

District File Number 1139-1396

Date Filed OCT 27 1939

FEB 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Raymond A. Davis

or by

Registered Apprentice No., working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, Mo.

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.)

If this body is not embalmed, above space should be left blank.