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

Do not use this space. 36358

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1275

City St. Joseph, (No. Noyes-Baptist Hospital St. Ward)

2. FULL NAME Margaret Catherine Porter,

(a) Residence. No. 2802 Frederick Ave., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	17	3	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student,
(b) General nature of industry, business, or establishment in which employed (or employer) Central High School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Montgomery, (STATE OR COUNTRY) Alabama,

PARENTS

10. NAME OF FATHER Herbert C. Porter,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Faribault, (STATE OR COUNTRY) Minnesota,
12. MAIDEN NAME OF MOTHER Harriet Wiley,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fort Wayne, (STATE OR COUNTRY) Indiana,

14. INFORMANT Herbert C. Porter (Address) 2802 Frederick Avenue.

15. FILED 5 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fractured Skull-Result of Auto accident in Clinton County on Highway No 1. 210M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B. W. Tadlock Coroner, M. D.

11/2, 1929 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery,	Nov. 5th. 1929
20. UNDERTAKER	**ADDRESS**
Heaton - BeGole & Bowman Funeral Home	319 S. 10 St.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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