

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 4441 Flora

Registration District No. 399  
Primary Registration District No. 1002

File No. 1338  
Registered No. 330  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sarah Hughey Porter

(a) Residence No. 4441 Flora St. 15 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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.

**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 Thomas J. Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 16, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 0 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saline County  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Rev. Geo. W. Hughey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Westbrook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Laura A. Small  
(Address) 4441 Flora

15. FILED 1/23, 1930 M.M. Brown REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-28-  
1929, to 1-22- 1930  
that I last saw him alive on 1-22- 1930 and that death occurred, on the date stated above, at 11:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of stomach

CONTRIBUTORY (SECONDARY) 44 Ad

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical findings

(Signed) Edna W. McMillen, M. D.

1/23, 1930 (Address) 1814 Fed Res Bk K.C. 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 R.

Springfield, Mo 1-23 1930

20. UNDERTAKER Stiles + McClure ADDRESS 3235

William Blay

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.

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