

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon

Registration District No. 875

File No. 4736

Township

Primary Registration District No. 3039

Registered No. 30

City Neosho

(No.)

St.

Ward)

2. FULL NAME Frank L Porter

(a) Residence No. 1474 S 5th St. 3 Ward.

Length of residence in city or town where death occurred 35 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 M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, Mrs. or min.

58

8

24

OCCUPATION

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

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) Jan 30 37

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Missouri

MOTHER

13. NAME Benton Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Ohio

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Ohio

17. INFORMANT (ADDRESS) Lula Vaughn

18. BURIAL, CREMATION, OR REMOVAL Wood Cemet DATE Feb 2 1937

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Neosho Mo

20. FILED 2-1-37 1937 Neosho Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows: Struck by Automobile Date of onset

Killed instantly
Struck in middle of street

Other contributory causes of importance:

Stepped in front of car

Name of operation Date of

What best confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident

Where did injury occur City Street

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Crushed head

Nature of injury

24. Was disease or injury in any way related to occupation? Not related

If so, specify

(Signed) M E Ferry M. D.

(Address) Neosho Mo

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.

