

JAN 27 1937

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

Do not use this space.

45107

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo. (No.)

Registration District No. 196
Primary Registration District No. 3011

File No. 174
Registered No.
St. 3d Ward)

2. FULL NAME PORTER, Harry

(a) Residence, No. Veterans Administration St. Ward. Milan, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Dora E. Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

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

13. NAME Marion Feters

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

15. MAIDEN NAME Laura Schooler

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Milan, Mo. DATE 12-23 1937

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED Dec 24 1937 Excelsior Springs, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1937, 19...

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1937, 19... to Dec. 15, 1937, 19...

I last saw him alive on Dec. 23, 1937, 19... Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Malignancy of bladder

Other contributory causes of importance:

Uremia

Name of operation --- Date of ---
What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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?

If so, specify ---
(Signed) John E. Kelly, M. D., Manager
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

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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