

REC'D AUG 24 1938

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

25113
Do not use this space.

1. PLACE OF DEATH *able*
 (a) County *able* Registration District No. *213*
 (b) Township *able* Primary Registration District No. *3014* Registered No. *206*
 (c) City *Jefferson City mo* (d) Street No. *1105 E. Atchison st* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *James Leroy Porter* *636*
 (a) Residence, No. *636* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *child*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19-1937*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 - 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 2 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *6/25 1938* to *7/2/38*, 19...
 I last saw him alive on *7/1/38* 19... Death is said to have occurred on the date stated above, at *2:25* p.m.
 The principal cause of death and related causes of importance were as follows:

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

Pertussis Date of onset
 Other contributory causes of importance:
Diarrhea
Typhemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson City mo*

FATHER 13. NAME *William Porter*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson City mo*

MOTHER 15. MAIDEN NAME *Lucille Walker*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas City mo.*

17. INFORMANT *William Porter*
 (ADDRESS) *1105 E. Atchison st*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New City cemetery* DATE *July 3, 1938*

19. FUNERAL DIRECTOR (NAME) *R. D. Hardiman*
 (ADDRESS) *Jefferson City mo.*

20. FILED *7/6/38* 1938 *B. B. ...* Local Registrar.

Name of operation *none* Date of...
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury...
 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 *As above* (Signed) *...* M. D.
 (Address) *Jefferson City*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

L. D. Hardiman

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed *L. D. Hardiman*

Licensed Embalmer No. *1879*

P. O. Address *608 Monroe St*

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.