REC'D JUL 17 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cass — Registration District No. 147 — File No. 21822
Township Everett — Primary Registration District No. 5211 — Registered No.
City ..... (No. ..... St. ..... Ward)

19 2 1

2. FULL NAME 636 Thomas Walter Porter.
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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~~ Lucie E. Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 1869

7. AGE: YEARS 70 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo. 0

FATHER
13. NAME Thomas Porter 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo. 0

MOTHER
15. MAIDEN NAME Mary Hutchings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo.

17. INFORMANT (ADDRESS) # Lucille Roeger.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crescent Hill DATE May 29 1939

19. UNDERTAKER (ADDRESS) Atkinson Bros Archie, Mo.

20. FILED May 29, 1939 Mrs Dora Adair Registrar. 140

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to May 27, 1939
I last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1936
Oedema of Lungs	
Arteriosclerosis	

Other contributory causes of importance: 93C

Name of operation ..... 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 ....., 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? No
If so, specify .....
(Signed) T. W. Adair, M. D.
(Address) Archie Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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