

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.

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

PLACE OF DEATH St. Francois
 County St. Francois
 Township Perry
 or Bonne Terre
 Village Bonne Terre
 or
 City _____ (NO. _____) St. _____ Ward _____

Registration District No. 775 File No. 6846
 Primary Registration District No. 6020 Registered No. 19

FULL NAME Thomas J. Porter

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH Sept. 5th, 1841
 (Month) (Day) (Year)

AGE 69 yrs. 6 mos. 12 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Miner Dept. Dr. Joseph Lead Company
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE Austinville, Ky. Va. Virginia
 (City or town, State or foreign country)

PARENTS	NAME OF FATHER <u>Samuel Porter</u>
	BIRTHPLACE OF FATHER <u>Myrtle Co., Virginia</u> (City or town, State or foreign country)
	MAIDEN NAME OF MOTHER <u>Martha Ann Bratton</u>
	BIRTHPLACE OF MOTHER <u>Myrtle Co., Virginia</u> (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Elizabeth Porter
 (ADDRESS) Bonne Terre, Mo.

Filed Mar. 19, 1910 T. A. Don
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 1895, to March 17th, 1910, that I last saw him alive on March 17th, 1910, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

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 (Duration) 15 yrs. x mos. 7 ds.

Contributory None Known
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. P. Boston M. D.
3-17-1910 (Address) Bonne Terre

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Bonne Terre Mo DATE OF BURIAL _____ 1910

UNDERTAKER P. A. Benham ADDRESS Bonne Terre Mo

