

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

PLACE OF DEATH  
County Morgan  
Township Osage  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 600 File No. 28971  
Primary Registration District No. 5795 Registered No. 93

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE single MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ OR DIVORCED \_\_\_\_\_ (Write "widow" or "widower" if applicable)

DATE OF DEATH July 14, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Aug 12, 1890  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 7, 1911 to July 14, 1911, that I last saw him alive on July 14, 1911, and that death occurred, on the date stated above, at 6 P. m.

AGE 20 yrs. 11 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

THE CAUSE OF DEATH\* was as follows:  
Typhoid fever with cerebral congestion

OCCUPATION (a) Trade, profession, or particular kind of work Farmer - General farm work  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Morgan Co Mo

Duration) yrs. 1 mos. 12 ds.  
Contributory Cerebral congestion

NAME OF FATHER Aue A Porter

(SECONDARY) (Duration) yrs. 2 mos. 2 ds.  
(Signe) H. J. Wheat M. D.  
July 16, 1911 (Address) Barnett Mo

BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa

MAIDEN NAME OF MOTHER Mary M. Sidebottom

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Morgan Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. A. Porter

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

(ADDRESS) Wayham

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death yrs. \_\_\_ mos. \_\_\_ ds. In the State yrs. \_\_\_ mos. \_\_\_ ds.

Filed Aug 24, 1911 REGISTRAR

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Sidebottoms Burial Ground DATE OF BURIAL 7/15, 1911

UNDER TAKER Angl White ADDRESS Wayham 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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON



phoid fever (never report "Typhoid pneumonia"; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

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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CERTIFICATE OF DEATH

PLACE OF DEATH

County Morgan  
Township Sage  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 597 File No. 1128991  
Primary Registration District No. 5792.0 Registered No. 5970

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

FULL NAME James Elsie Porter

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH August 12, 1890  
(Month) (Day) (Year)

AGE 20 yrs. 11 mos. 2 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) General farming

BIRTHPLACE (City or town, State or foreign country) Morgan Co. Mo.

NAME OF FATHER Alfred A. Porter

BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa Iowa

MAIDEN NAME OF MOTHER Miss H. Sidbottom

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Morgan Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
A. A. Porter  
(Informant)

(ADDRESS) Wayham

Filed 7/22, 1911 W. L. Hatcher  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 7, 1911, to July 14, 1911, that I last saw him alive on July 14, 1911, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:  
Typhoid fever with cerebral congestion

(Duration) yrs. 1 mos. 12 ds.

Contributory cerebral congestion  
(SECONDARY) (Duration) yrs. \_\_\_ mos. 2 ds.

(Signed) W. J. K. Hart M. D.  
July 16, 1911 (Address) Burnett Mo.

\*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? 5  
If not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Sidbottoms farm yard DATE OF BURIAL 7/15, 1911

UNDERTAKER High White ADDRESS Wayham Mo.

