

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

8507

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 5554 Registered No. 90
 City Blue (No. _____) St. _____ Ward _____

2. FULL NAME

James D. Porter
 (a) Residence No. Sugar Creek St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7 - 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER James D. Porter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Va.

12. MAIDEN NAME OF MOTHER Lena Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) West Va.

14. INFORMANT James D. Porter
 (Address) Sugar Creek

15. FILED 3/11/22 1922 S. S. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10 1922

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9 to Mar. 10, 1922, that I last saw him alive on March 9, 1922, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Edeema of lungs
 (duration) _____ yrs. _____ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Chas E. Fickson, M. D.
3/11, 1922 (Address) Sugar Creek Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound Grove DATE OF BURIAL 3-11 1922

20. UNDERTAKER B. H. Blackman ADDRESS 6606 Dufr

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.

