

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

Do not use this space.

2195

1. PLACE OF DEATH

County Ball Registration District No. 924 File No. _____
Township Superior Primary Registration District No. 5-5-8 Registered No. 4
City Saverton Mo. (No. _____) Saverton St. _____ (Ward _____)

2. FULL NAME

(a) Residence, No. Saverton 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25, 1926

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| | 1 | 4 | 19 | |

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.

PARENTS

10. NAME OF FATHER Harry Porter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Edna Brim

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

14. INFORMANT Harry Porter
(Address) Saverton, Mo.

15. FILED 2/4, 1927 H. J. Prosser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1927, to Jan 14, 1927 that I last saw h. f. Jan 13, 1927, alive on Jan 13, 1927, and that death occurred, on the date stated above, at 10:29 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulm. Pneumonia (right)

108' (duration) yrs. mos. da. CONTRIBUTORY (SECONDARY) 100' (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF: _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) H. L. Banks, M. D.

1114, 1927 (Address) Hamburg, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Marble Creek Cemetery 1-15-1926

20. UNDERTAKER ADDRESS

James O'Donnell Hamburg

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.

28 1927

