

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

MAY 31 1927

X. R.—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

Do not use this space.

12533

1. PLACE OF DEATH
 County Pettis Registration District No. 112
 Township Blair Primary Registration District No. 5886
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME George H. Porter
 (a) Residence No. _____ 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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24 = 1884

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER John Porter

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

12. MAIDEN NAME OF MOTHER Maddox

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

14. INFORMANT Mrs Chas Lindler
 (Address) La Monte, Mo.

15. FILED Apr 26 1927 Lorence S Staler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25th 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 19th 1927 to Apr. 25th 1927
 that I last saw him alive on Apr. 24th 1927, and that death occurred, on the date stated above, at 12:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

99A
137

(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic Prostatitis
 (duration) 2 yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Chronic
 (Signed) H. Deulen Tyler, M. D.
 , 19 (Address) _____

*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 mt Zion DATE OF BURIAL April 26 1927

20. UNDERTAKER B F Parson ADDRESS La Monte, Mo

