

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

Do not use this space.

SEP 28 1927

24636

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No.) St. Ward

Registration District No. 410
Primary Registration District No. 4243

File No.
Registered No. 16

2. FULL NAME

Glyde L. Porter

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ✓ da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Nov 21-1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 9 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Barton Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Chas. Porter

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

12. MAIDEN NAME OF MOTHER Blanch Porter

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

14. INFORMANT Chas. Porter
(Address) Jasper Mo

15. FILED Aug 28 1927 W.A. Holmes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-24-1927

17. I HEREBY CERTIFY, That I attended deceased from Aug-30- 1927, to Aug-24- 1927 that I last saw ~~her~~ alive on Aug 23- 1927, and that death occurred, on the date stated above, at 2:30-2- m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis (Cerebral)
79A

71A
(duration) yrs. mos. 14 da.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) W.A. Knott, M. D.

8-24- 1927 (Address) Jasper, 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

Water Comm. 8/24 1927
20. UNDERTAKER ADDRESS

Chas. J. Tetter Jasper 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.

