JV 20 1928

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

Do not use this space.

32703

1. PLACE OF DEATH
County Barton
Township Leroy
City Oskaloosa (No. ..... St. ..... Ward)
Registration District No. 41
Primary Registration District No. 5061
File No. .....
Registered No. .....

2. FULL NAME Joseph Monroe 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 – 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	9	11	

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

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

PARENTS
10. NAME OF FATHER Eanie Porter.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Youkon
(STATE OR COUNTRY) West Virginia.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Joe Porter.
(Address) Oaskaloosa – Mo.

15. FILED 11/10, 1928. F. R. Spell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct – 30 – 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Oct 30, 1928 that I last saw him alive on Oct 29, 1928, and that death occurred, on the date stated above, at 12 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
8 EA
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... yrs. ..... mos. ..... 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? [illegible]

(Signed) J. D. Pettet, M. D
10/30, 1928 (Address) Arcadia, Ka.

*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: Shiloh cemetery
DATE OF BURIAL: Oct 31 1928

20. UNDERTAKER: A. B. Twombly. W. D. Konantz Est.
ADDRESS: Arcadia, Kansas.

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.