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

Do not use this space.

1452

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 39
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Joseph's Hosp. St. ..... Ward)

2. FULL NAME Wallace Eugene Porter
(a) Residence. No. 6020 Oak St., 8 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: wh
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. 28, 1881

7. AGE: Years 47 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Genl. Agt.
(b) General nature of industry, business, or establishment in which employed (or employer): Mutual Trust Life Ins. Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Utica Nebr.

PARENTS
10. NAME OF FATHER: Dr. E. J. Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cornwall Ill.
12. MAIDEN NAME OF MOTHER: Mary Jewett Sears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cornwall Ill.

14. INFORMANT (Address): Mrs Nona Keene Porter 6020 Oak St.

15. FILED 1/4, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1929

17. I HEREBY CERTIFY, that I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide, Chloroform a poison.
11.3 X
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 165
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley McHall, M. D
1/3, 1929 (Address) Deputy Coroner

*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 Moriah — DATE OF BURIAL: Jan 4 1929

20. UNDERTAKER: S. W. Newcomers — ADDRESS: Sons K. C. 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.

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