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

Do not use this space. 14638

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1676
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Porter Charles M.
(a) Residence. No. 1652 Jefferson St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 4 1875

7. AGE: YEARS 53 — MONTHS 67 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Pool Hall Opt.
(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): Illinois

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Reuna Clerk
(Address): K.C. Genl Hosp.

15. FILED 4/7, 1929 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-7 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-6, 1929 to 4-7, 1929 that I last saw him alive on 4-7, 1929 and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcic Septicemia
79A
56
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Meningitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? N/A
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) Harvey Jewett, M. D.
4-7, 1929 (Address) Opt Supt K.C. Gen H.

*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: Delmar Mo — DATE OF BURIAL: Apr 8 1929

20. UNDERTAKER: A P Doehler — ADDRESS: 1415 E 15 St

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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