

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

Do not use this space.

Y 22054

**PLACE OF DEATH**

County... Marion  
Township... Marion  
City... Hannibal

Registration District No. 547  
Primary Registration District No. 2929  
(No. 808 Vermont St)

File No. ....  
Registered No. 147  
St. .... Ward)

**2. FULL NAME** Clede Carman Porter  
(a) Residence. No. 808 Vermont St, 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** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF** Vida Lusk Porter  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 25 - 1891  
**7. AGE**    YEARS    MONTHS    DAYS    If LESS than 1 day, .... hrs. or .... min.  
37    5    18

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Great Lakes Oil Co  
(c) Name of employer Frankford Mo

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Frankford Mo

**10. NAME OF FATHER** Geo B. Porter  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Pike Co Mo  
**12. MAIDEN NAME OF MOTHER** Addie Pritchett  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Pike Co Mo

**14. INFORMANT** Vida Porter  
(Address) Hannibal Mo

**15. FILED** 6/14/29 W. S. Burston M. Deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 13 1929  
**17. I HEREBY CERTIFY, That I attended deceased from** June 12 1929 to June 13 1929  
**that I last saw him alive on** June 13 1929, and that death occurred, on the date stated above, at 1:40 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
diphtheria  
10/10 (duration) yrs. mos. ds. 9 ds.  
**CONTRIBUTORY (SECONDARY)** (duration) 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?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) W. P. Gurney M. D.  
6-14-1929 (Address) Hannibal 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** Barkley New Landall **DATE OF BURIAL** June 15 1929  
**20. UNDERTAKER** Wm M. Smith **ADDRESS** Hannibal 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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