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

Do not use this space.

File No. 36713

Registered No.

1. PLACE OF DEATH
County: Cooper
Township:
City: Otterville (No. St. Ward)
Registration District No. 221
Primary Registration District No. 4134

2. FULL NAME: Thornton H. 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: Sadie Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 21 - 1871

7. AGE: Years 58 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DEECASED
(a) Trade, profession, or particular kind of work: Stone mason
(b) General nature of industry, business, or establishment in which employed (or employer): Good
(c) Name of employer: Jos Kirk Dell

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ky

PARENTS

10. NAME OF FATHER: H T Porter Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Sarah Kirard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Sarah Kirard

14. INFORMANT: Sadie Porter
(Address)

15. FILED 12/1, 1929 Robt Fogle REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 1910, 19, to Nov 30, 1929 that I last saw h. alive on Nov 30, 1929, and that death occurred, on the date stated above, at 1 00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension
8
10
(duration) 10 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robt Fogle, M. D
, 19 (Address)

*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: Otterville Cemetery
DATE OF BURIAL: Dec 2 1929

20. UNDERTAKER: J. G. Gillard
ADDRESS: Otterville

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD