

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

Do not use this space.

13084

**1. PLACE OF DEATH**

County Jackson  
 Township Festus  
 City Festus Mo (No. \_\_\_\_\_) Ward \_\_\_\_\_

Registration District No. 421  
 Primary Registration District No. 4249

File No. \_\_\_\_\_  
 Registered No. 42  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

Charley Porter

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
40 9 29

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

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

10. NAME OF FATHER Alfred Porter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Festus Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Dorsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark  
 (STATE OR COUNTRY)

14. INFORMANT Mrs Jane Dubucha  
 (Address) Festus Mo.

15. FILED 4/10 30 J. E. Rutledge  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1929, to Apr 9, 1930, that I last saw him alive on March 15-1, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Gastritis  
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1/2  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. F. Donnell, M. D.  
 , 19 30 (Address) Crystal City 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 Telegraph  
 DATE OF BURIAL 4/10 1930

20. UNDERTAKER Link Land Co  
 ADDRESS Festus 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.

2-6 1930

