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

Do not use this space. 16384

399

2292

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1002 — File No.:
Township: Kaw — Primary Registration District No.: — Registered No.:
City: Kansas City (No. Gen. Hospital #2 St. Ward)

2. FULL NAME: Porter, Charles

(a) Residence. No. 1714 Lydia St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt. 48	?	?	

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

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER Porter, Chas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Irish, Sarah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk
(Address) Gen. Hosp. No 2

15. FILED 6/3, 1930 M M Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1930, to May 29, 1930 that I last saw him alive on May 29, 1930, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute pneumonic tuberculosis

23A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) (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? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum
(Signed) Howard M Smith
5-29, 1930 (Address) Gen. Hosp. No 2

*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: Highland — DATE OF BURIAL: 5/31 1930

20. UNDERTAKER: Vaughn Bros — ADDRESS: 1229 Lydia

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.