NOV 21 1930

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

Do not use this space.

File No. 22197
Registered No. 1181

1. PLACE OF DEATH

County Buchanana — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 2801 Olive St. Ward)

2. FULL NAME John Harvey Porter,

(a) Residence. No. 2801 Olive St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	1	16	

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

9. BIRTHPLACE (CITY OR TOWN) Quitman,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Denton G. Porter,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,
12. MAIDEN NAME OF MOTHER Elizabeth Evans,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Mississippi,

14. INFORMANT Mrs. Imogene Porter
(Address) 2801 Olive Street,

15. FILED NOV 3 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31. 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 7:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
42A
99
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 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? History

(Signed) B. W. Tadlock Coroner, M. D.

11/1, 1930 (Address) 821 Francis

*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	DATE OF BURIAL
St. Jo. Memorial Park Cem.	Nov. 3, 1930

20. UNDERTAKER	ADDRESS
Heaton-Bryant & Bowman	319 S. 10 St.

Funeral Home

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.