Coroner's Copy

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

Do not use this space.

14050

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 167
City Kansas City (No. 17th and Ashland St. Ward)

2. FULL NAME John Porter
(a) Residence No. 17th + Ashland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 62 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 17, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	87	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired (20 years)
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wenham
(STATE OR COUNTRY) Massachusetts

PARENTS
10. NAME OF FATHER William Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY)

14. INFORMANT William B Johnston
(Address) 17th + Ashland

15. FILED 5-1-1931 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 4:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 93C
DID AN OPERATION PRECEDE DEATH? No DATE OF 7
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M Hall, M. D.
May, 1931 (Address) Deputy Coroner

*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
Elmwood	May 4 1931
20. UNDERTAKER	ADDRESS
D. W. Newcomer's Sons	2111 E. 9th St.

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

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.

MAY 23 1931