

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

Do not use this space.

8382

1. PLACE OF DEATH

County Jackson

Registration District No. 32

Township Paris

Primary Registration District No. 3

City Kansas City

(No. 2811 Genesee)

File No. _____
Registered No. 958
St. 3 Ward

2. FULL NAME

Ester May Porter

(a) Residence. No. 2811 Genesee St. 3 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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>7</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Vivian Porter

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

12. MAIDEN NAME OF MOTHER Nettie White

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

14. INFORMANT

Vivian Porter
(Address) 2811 Genesee St Kansas

15. FILED

3/7 32 m. m. Casper
REGISTRAR Casper

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-5 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 3-32 to Mar 5 1932
that I last saw her alive on Mar 5 1932, and that death occurred, on the date stated above, at 6-10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

CONTRIBUTORY (SECONDARY) Endemic
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF (1)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

3/6 1932 (Signed) Blyford B. Bacter M. D.
(Address) 2852 Sw Blvd Kansas

*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

West Lawn 3-7 1932

20. UNDERTAKER

K. O. EMB & Casket. Co

ADDRESS 456 State ave
K. O. Kansas

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.

