

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

Do not use this space.

19611

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 622 West 40th Street)

399
Registration District No. 1002
Primary Registration District No. 1002

File No. 6-2421
Registered No. 4 (Ward)

2. FULL NAME John E. Porter

(a) Residence, No. 622 W. 40th Street St. 7 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary E. Porter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 3rd, 1861</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>8</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employee</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cudahy Packing Co.</u>		
10. Date deceased last worked at this occupation (month and year)		

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to June 16, 1932

I last saw him alive on 6/15/32, 1932 Death is said

to have occurred on the date stated above, at 2. P.M.

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage
Hypertension
Cholesterol Sclerosis
Other contributory causes of importance: none

Date of onset Repeated
18 mo.

Name of operation none Date of none
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify none

(Signed) R. C. Caruso, M. D.
(Address) R. C. Caruso

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data 51

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Edw. T. Porter
(ADDRESS) 622 W. 40th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 18th, 1932

19. UNDERTAKER W. F. Hayberry
(ADDRESS) City

20. FILED 6/17 1932 M. M. Crowe
asst Registrar.

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.

General Motors 1500000000

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