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

Do not use this space.
3225 8778
File No. [redacted]
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 1103 Woodland St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Miles Porter
(a) Residence, No. 1103 Woodland St., 2 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: M.
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11, 1877
7. AGE: Years 54 | Months 9 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 199
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

FATHER
13. NAME: Nelson Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Nattie Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Jaunita Porter 1103 Woodland
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland DATE: 10/8 1932
19. UNDERTAKER (ADDRESS): Hatkins Bros. 1729 Lydia
20. FILED 10/8 1932 M. M. Croyne Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/4, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1932, to Oct 3rd, 1932
I last saw him alive on Oct 3, 1932. Death is said to have occurred on the date stated above, at 9:10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
934 934	

Other contributory causes of importance: —

Name of operation: none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) B. Frank Watson, M. D.
(Address) 2401 Grand K.C. Mo.

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.

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

B. F. Watson.