

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.

NOV 28 1932

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

Do not use this space.

**33433**

**1. PLACE OF DEATH**  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City St. Louis (No. 6142, Plymouth) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Geo E. Porter  
 (a) Residence, No. 6142 Plymouth St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (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>Widowder</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eddie Porter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20-1857</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>10</u>	DAYS <u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Mo</u> <u>10</u>		
MOTHER / FATHER	13. NAME <u>Geo. W. Porter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>2</u>	
	15. MAIDEN NAME <u>Uenk Honater</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Mrs. Geo C. Crawford</u> (ADDRESS) <u>Cardo mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trupton Mo</u> DATE <u>10-9</u> <u>32</u>		
19. UNDERTAKER <u>David Forbush</u> (ADDRESS) <u>Wassfield Mo</u>		
20. FILED <u>10/8</u> 19 <u>32</u> <u>J. J. [unclear] Mo</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Oct 7 1932  
 I last saw him alive on Oct 7 1932. Death is said to have occurred on the date stated above, at 4:30 m.  
 The principal cause of death and related causes of importance were as follows:  
chronic myocarditis Date of onset \_\_\_\_\_  
93C  
ABC  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? m-

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) W. J. [unclear] M. D.  
 (Address) 300 A [unclear]

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