

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

Do not use this space.

20314

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. KC General Hospital)

File No. 2471
Registered No. 2471
St. _____ Ward _____

2. FULL NAME Mrs Susan McKay Porter

(a) Residence, No. 3501 1/2 E 27th St., Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion Porter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18, 1854</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>
	DAYS <u>14</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>None</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>Warsaw Missouri</u>		
FATHER	13. NAME <u>William Macy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Jane Hamm</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Mrs Grace Summers</u> (ADDRESS) <u>3501 1/2 E 27th</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nevada, Mo.</u> DATE <u>JUNE-6 1954</u>		
19. UNDERTAKER <u>D.W. Newcomers</u> (ADDRESS) <u>2111 E 9th St</u>		
20. FILED <u>June 4, 1954</u> <u>M.M. Crowe</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1954

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

The principal cause of death and related causes of importance were as follows:
Proteinuria, right kidney, acute glomerulonephritis

Other contributory causes of importance:
1864, 1945, 1960

Name of operation _____ Date of _____

What test confirmed diagnosis _____ there an autopsy _____

23. If death was due to external cause, violent or will in any the form of Accident, suicide, or homicide, specify the cause of injury _____

Where did injury occur 3501 1/2 E 27th Kansas City
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fallen from

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

JUL 9 7 1954

WHITE-EMERY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

