

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City.....
 Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **City Hospital no 2**)
 File No. **22152**
 Registered No. **5924**
 St. Ward)

2. FULL NAME

Suzanne Porter
 (a) Residence, No. **817** No. **Comptan 21** St. Ward. **21**
 (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) **June 1 - 1896**

7. AGE YEARS **38** MONTHS **1** DAYS **7** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laundress**

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) **Miss**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Alice Brogden 2221 Standard St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Disposition June 20 1934**

19. UNDERTAKER (ADDRESS) **Reverent - son 2701 ...**

20. FILED **1** 19 **34**

Registrar. **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8th 1934**

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
 I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at **10:15 P**

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

Chronic Myocarditis
Chronic Interstitial Nephritis
Cirrhosis of Liver
Hypostatic Pneumonia, Right Lung.
 Other contributory causes of importance: **Lobar**

Name of operation **131 108** Date of ...
 What test confirmed diagnosis ... Was there an autopsy? **Yes**

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) **Raymond ... M.D.**

(Address) **...**

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.

