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.

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

Do not use this space.

File No. 1366

Registered No. 1-F 505

1. PLACE OF DEATH FEB 5 1935

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Jehu Gregg Porter

(a) Residence, No. 4024 Charlotte Street, Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	6	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Merchant

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) Pennsylvania

FATHER

13. NAME Armstrong Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Lydia Gregg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. George Brolsma
(ADDRESS) Lone Tree, Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boone, Iowa DATE Jan. 17, 1935

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street

20. FILED Jan 17, 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 17 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 10 1934, to 1 17 1935, 19..

I last saw him alive on 1 16 1935, 19.. Death is said to have occurred on the date stated above, at ..a..m.

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

Carcinoma of Esophagus

ESOPHAGUS

Date of onset

Other contributory causes of importance: Age 87+

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) [illegible] M. D.

(Address) 1002 Bryant Bldg