

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

Do not use this space.

9599

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township 25th Primary Registration District No. 4049
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1935

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

22. I HEREBY CERTIFY that I attended deceased from Sept 29, 1934, to March 21, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1877

I first saw him alive on March 21, 1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

7. AGE YEARS 58 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Chronic Nephritis and Chronic Myocardial Insufficiency
Date of onset 3 1/2 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: General arteriosclerosis & Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dematite, Mo.

13. NAME Alfred Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

15. MAIDEN NAME Mary Dorsey

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

17. INFORMANT Lena Porter (ADDRESS) Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3/24, 1935

19. UNDERTAKER Link Land Co (ADDRESS) St. Louis

20. FILED 4/5, 1935 J. E. Rutledge Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

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) J. E. Rutledge, M. D.
(Address) Crystal City, 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.

