

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

Do not use this space.

JUL 23 1935

20121

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2002
City Joplin (No. 1010) Elm Road Registered No. 1010 Ward

2. FULL NAME

unnamed Porter baby
(a) Residence, No. 1010 Elm Road Ward 1010
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>---</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1935</u>		
7. AGE	YEARS	MONTHS DAYS
		If LESS than 1 day, 18 hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>---</u>		11. Total time (years) spent in this occupation <u>---</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>		
10. Date deceased last worked at this occupation (month and year) <u>---</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo</u>		
13. NAME <u>Gerald Porter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Clorine March</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Ray March</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beaumont</u> DATE <u>June 16, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. E. Jones</u>		
20. FILED <u>6-18-35</u> <u>W. E. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1935

22. I HEREBY CERTIFY That I attended deceased from June 15, 1935 to June 15, 1935
I last saw him alive on June 15, 1935 Death is said to have occurred on the date stated above, at 11:45 AM.
The principal cause of death and related causes of importance were as follows:
Premature birth
8 months -
Date of onset ---

Other contributory causes of importance:

Name of operation --- Date of ---
What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to external cause (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) V. E. Kennedy, M. D.
(Address) Joplin 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.

V. E. Kennedy

