WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 20 1936

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

Do not use this space.

1552

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kan~~ — Primary Registration District No. 1002 — Registered No. 400

City Kansas City — No. K C Gen. Hosp. St. Ward)

2. FULL NAME Lena Porter

(a) Residence, No. 602 W. 26th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-6-1871

7. AGE YEARS 64 MONTHS 7 DAYS 19 (19) If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Ark

FATHER

13. NAME John Bowen

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

MOTHER

15. MAIDEN NAME Myra Goodwin

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

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hosp KC Mo

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Mt. Hope K.C.K. DATE 1-27-36, 19

19. UNDERTAKER (ADDRESS) Peter B. Lopetina 536 Campbell

20. FILED 1-26-, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1936, to 1-25, 1936

I last saw her alive on 1-25, 1936 Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Acute Empyema of gall Bladder — Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

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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 H Jennett, M. D.

(Address) Supt K C Gen Hosp KC Mo