MAR 4 1936

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

Do not use this space.

8013

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City ST. LOUIS (No. en route City Hospital No. 2, St. ..... Ward)

File No. ..... Registered No. 1684

2. FULL NAME HENRY PORTER

(a) Residence, No. 4113 So 12th St. St., 25 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

3. SEX Male

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1874

7. AGE YEARS 61 MONTHS 7 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 COUNTY) Springfield Ill.

FATHER

13. NAME Andy Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ill

MOTHER

15. MAIDEN NAME Ella Liddell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Miss

17. INFORMANT (ADDRESS) Alonza Liddell 1410 Spruce St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barrack DATE Feb 15 1936

19. UNDERTAKER (ADDRESS) J. W. Hughes 2620 Lafayette Blvd.

20. FILED FEB 14 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 P. M.

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

	Date of onset
Mitral Stenosis	
Cardiac Hypertrophy	

Other contributory causes of importance: 92 W

Name of operation ..... 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) Harold [illegible], M. D.

(Address) [illegible]

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.

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

106M-3-28-35