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.

17195

MAY 7 1936

791

1003

City Hospital No. 4

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3957

City St. Louis Mo. (No. ..... St. ..... Ward)

2. FULL NAME Hoffard Porter

(a) Residence, No. 4429 - West Belle St. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15th 1865

7. AGE YEARS 70 MONTHS 11 DAYS 19 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 COUNTRY) Tenn.

FATHER

13. NAME Nelson Porter

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

MOTHER

15. MAIDEN NAME Charlotte White

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

17. INFORMANT (ADDRESS) Pearl Ruby Gardner 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Farther Dickson DATE April 12 1936

19. UNDERTAKER (ADDRESS) G. W. Bruce 1003 N Garrison Ave

20. FILED APR 11 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 28 - 1936, to 4 - 4 - 1936

I last saw him alive on 4 - 4 - 1936. Death is said to have occurred on the date stated above, at 1:05 P. m.

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

Carcinoma of Stomach

Date of onset 2-28-36

Other contributory causes of importance: 46

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Jas. B. Harris, M. D.

(Address) City Hospital #2