

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

Do not use this space.

30329

1. PLACE OF DEATH **Cole** **SEP 21 1936**

County **Cole**
Township
City **Jefferson City**

Registration District No. **213**
Primary Registration District No. **3014**
(No. **410 Madison**)

File No.
Registered No. **234**
St. Ward

2. FULL NAME **George Porth, Sr.**

(a) Residence, No. **410 Madison** St., Ward.

(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) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 5, 1936**

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

22. I HEREBY CERTIFY, That I attended deceased from **Feb 28**, 19**36**, to **Aug 5**, 19**36**
I last saw him alive on **Aug 4**, 19**36**. Death is said to have occurred on the date stated above, at **5:15** a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 9, 1859**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **77 2 27**

Bronchitis pneumonia - Terminal Date of onset **Aug 1**

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

93d1
Other contributory causes of importance:
Myocarditis - Sincere Feb 1936
Feb 14-16

12. BIRTHPLACE (CITY OR TOWN) **Nascouth, Illinois** (STATE OR COUNTRY)

Name of operation **Amputation** Date of **Amputation**
What test confirmed diagnosis? **Amputation** Was there an autopsy? **no**

13. NAME **Geo. Porth**
14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **husband** Date of injury **Feb 14-16**, 19**36**
Where did injury occur? **husband** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

Manner of injury **Amputation**
Nature of injury **Amputation**

17. INFORMANT **George Porth, Jr.** (ADDRESS) **410 Madison St. J. C. Mo.**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE **Woodlawn Cem. J. C.** DATE **Aug. 7, 1936**

(Signed) **Jas. N. Hill**, M. D.
(Address) **Jefferson City MO**

19. UNDERTAKER **Heinrichs Funeral Home** (ADDRESS) **Jefferson City, Mo.**

20. FILED **8/5/1936** **ORB: J. D.** Registrar

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.

