

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.

SEP 21 1936

30537

1. PLACE OF DEATH

County Henry Registration District No. 311
Township Boyle Primary Registration District No. 5430
City Geny (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

William Porter
(a) Residence, No. _____ St., _____ Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beatrice Cassidy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired farmer</u>	
	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) <u>Geny Mo</u>		
MOTHER	13. NAME <u>Minnie Porter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>	
	15. MAIDEN NAME <u>Paula Triff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>	
17. INFORMANT <u>Paul Porter</u> (ADDRESS) <u>Geny Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carmack</u> DATE <u>Aug 8 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Brown</u> <u>Albany Mo</u>		
20. FILED <u>Sept 10 1936</u> <u>W. H. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16 1936 to Aug 6 1936
I last saw him alive on Aug 6 1936 Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Pyrenephritis
Hepatitis
Date of onset 29

Other contributory causes of importance:
Diabetes and hyperostosis of prostate with retention

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) Shos F. Jay M. D.
(Address) North Mo

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