

APR 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Cass Registration District No. 157  
Township Big Creek Primary Registration District No. 5222  
City (No. ) St. Ward

File No. 11541  
Registered No. 14

## 2. FULL NAME

John Lewis Porter

(a) Residence No. St. 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

White

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

Married

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

Katy Bunnell Porter

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

2-15-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

21

OCCUPATION

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

Farmer

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)

Mar 6 1937

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fordsmouth Ohio

FATHER

13. NAME

James Porter

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

Ohio

MOTHER

15. MAIDEN NAME

Mattie Field

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

Ohio

17. INFORMANT (ADDRESS)

Mrs John Porter  
Fordsmouth, Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE Plains, Okla. DATE Mar 9 1937

19. UNDERTAKER (ADDRESS)

Brown, Full-Belch  
Plains, Okla.

20. FILED

March 9 1937 Mrs. Etta M. Aldridge  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19. Death is said

to have occurred on the date stated above, at m.

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

Found dead on a  
steamer, had  
been suffering from  
Heart. Probable a  
Angine Pectoris.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Edgar M. L. ... M. D.

(Address) Plains, Okla.

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.

