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

MAY 31 1937

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 17661
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 100
City Richmond Heights, Mo (No. St. Mary's Hospital, St. Ward)

2. FULL NAME Willie Porter,
(a) Residence, No. 7533 Parkdale av. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1846-11-15

7. AGE: 90 YEARS, 5 MONTHS, 1 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Tennessee

FATHER
13. NAME ? Burgess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME ? White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs. W. A. Von Gehr, 7533 Parkdale av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paris, Tenn. DATE 4/16/37, 19

19. UNDERTAKER (ADDRESS) Robert J. Ambruster, Clayton Road at Concordia Lane

20. FILED 4/16/37 19 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937 to April 16th, 1937
I last saw her alive on April 15th 8 pm, 1937. Death is said to have occurred on the date stated above, at 6:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel obstruction	4-11-37
46	

Other contributory causes of importance:

Carcinoma of Sigmoid	(?)
Senility	

Name of operation Laparotomy Date of 4-14-37
What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. H. Clithero, M. D.
(Address) Carleton Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.