OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 33802
Township — Primary Registration District No. 3007 — Registered No. 236
City Poplar Bluff (No. , Nickey Street St. Ward)

2. FULL NAME James Samuel Porter
(a) Residence, No. Nickey Street 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: Tina Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24, 1869

7. AGE: Years 68 — Months 6 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): White County, Illinois

FATHER
13. NAME: Anderson Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White County, Illinois

MOTHER
15. MAIDEN NAME: Mahala Trousdale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White County, Illinois

17. INFORMANT (ADDRESS): Tina Porter, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery
PLACE Poplar Bluff, Mo. DATE Sept. 29, 1937

19. UNDERTAKER (ADDRESS): Frank Und. Co., Poplar Bluff, Mo.

20. FILED 9/28, 1937 O. Gutsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1937, to Sept 26, 1937
I last saw him alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Prostate	Cont Known about 6 mos.

Other contributory causes of importance: 51

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) Alfred R Rowe, M. D.
(Address) Poplar Bluff Mo.

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.