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.

OCT 27 1937

1. PLACE OF DEATH
County Shelby
Township Salt River
City Shelbina mo (No. ..... , ... St. ..... Ward)

Registration District No. 830
Primary Registration District No. 6091

File No. 35466
Registered No. 39

2. FULL NAME Clyde Marvin 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Virginia Pearl Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1893

7. AGE YEARS 54 MONTHS 7 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co mo

FATHER
13. NAME John Newton Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co mo

MOTHER
15. MAIDEN NAME Agnes Edyth Jaques
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Victor Porter Shelbina mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina mo DATE Sept 20 1937

19. UNDERTAKER (ADDRESS) E Hayes Shelbina mo

20. FILED Sept 25, 1937 Ruth Joyner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-17-37, 19..., to 9-17-37, 19...
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Concussion of Brain due to Kick of a Horse — Date of onset 9-17-37

Other contributory causes of importance: 188

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-17, 1937
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. near his home
Manner of injury Kicked by Horse.
Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. M. Wood, M. D.
(Address) Shelbina Mo

last