

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUL 12 1938

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

20271
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** Registered No. **5410**
(e) Length of residence in city or town where death occurred **19** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jessie Porter**

(a) Residence, No. **3129a Adams** St. **18**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 25, 1873**

7. AGE YEARS **65** MONTHS **2** DAYS **17** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **May 1938**
11. Total time (years) spent in this occupation **Unk.**

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

13. NAME **Jessie Porter**

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

15. MAIDEN NAME **Evelyn Nichols**

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

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Talulah La.** DATE **June 16, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Charles J. Gates**
4107 Finney Avenue

20. FILED **JUN 15 1938** **J. B. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 16, 1938**, to **June 12, 1938**

I last saw him alive on **June 12, 1938** Death is said to have occurred on the date stated above, at **3:15a** m.

The principal cause of death and related causes of importance were as follows:
Benign hypertrophy of prostate Date of onset **5/16/38**

Other contributory causes of importance:
Chronic nephritis

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? 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 **James B. Harris** M. D.
(Signed) **James B. Harris** (Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

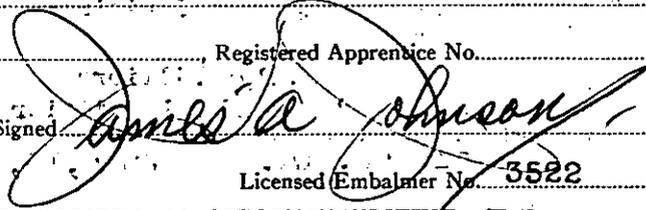
I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)