

REC'D SEP 13 1938

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

27886

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City, Mo. (d) Street No. 1105 Independence Ave. Registered No. 3197  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Miss Sadie Jane Porter h 36  
 (a) Residence, No. 1105 Independence Ave. St.   
 (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 <b>F</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>--</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 31, 1876</b>		
7. AGE	YEARS <b>61</b>	MONTHS <b>6</b>
	DAYS <b>10</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>None</b>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wis.</b>		
FATHER	13. NAME <b>Doric N. Porter</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wis.</b>	
MOTHER	15. MAIDEN NAME <b>Wine Cornue</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wis.</b>	
17. INFORMANT <b>Mrs. Emeline A. Church</b> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Memorial Park</b> DATE <b>Aug. 12-38</b>		
19. FUNERAL DIRECTOR (NAME) <b>C.H. Blackman &amp; Son, Inc.</b> (ADDRESS) <b>2825 Indep. Blvd. K.C. Mo.</b>		
20. FILED <b>Aug 11, 1938 M. M. Brown</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 10-38**, 19

I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to Aug 10, 1938  
 I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 10 AM m.

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

**Metastatic spread from cancer of the breast.**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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 **Paul C Platt**(Signed) **Paul C Platt**, M. D.(Address) **925 Argyle Bldg**

Dr. Paul Platt

*Angela Reddy*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**