

FEB 16 1940

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

2921
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
 (b) Township Dickerson Primary Registration District No. 5646 Registered No. 32
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 William Everett Porter

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

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 Lydia D. Legg Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12, 29, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7

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

12. BIRTHPLACE (CITY OR TOWN) Newark (STATE OR COUNTRY) Missouri

13. NAME Samual T. Porter

14. BIRTHPLACE (CITY OR TOWN) Newark (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alpha Hope

16. BIRTHPLACE (CITY OR TOWN) Newark (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Lydia Porter (ADDRESS) Lewistown, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown, Mo. DATE Jan. 8 1940

19. FUNERAL DIRECTOR James A. Coder (ADDRESS) Lewistown, Missouri.

20. FILED Jan. 8 1940 H. W. Harris M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6. 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1939, to Jan 6 1940

I last saw him alive on Jan 5 1940. Death is said to have occurred on the date stated above, at 8 a.m.

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

Carcinoma of Rectum Date of onset Nov 1939

Other contributory causes of importance: High Blood Pressure years

Name of operation None Date of
 What test confirmed diagnosis? None 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 3 mo

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Harry S. Moore Products Co.
 (Signed) Lewistown Mo. (Address) Lewistown 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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-440

Date Filed FEB 14 1979

STATEMENT BY LICENSED EMBALMER

I, James A. Coder Licensed Embalmer No. 2532

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

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed James A. Coder
Licensed Embalmer No. 2532

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.)