

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

Do not use this space.

11083

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St Louis (No. 1034 Hamilton ave)  
St. .... Ward .....

File No.....  
Registered No. 2113  
St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. 1034 Hamilton ave St. 5 Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Porter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8 1866</u>		
7. AGE <u>66</u>	YEARS <u>7</u>	MONTHS <u>23</u>
8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dry Goods</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 30 1933</u>		
11. Total time (years) spent in this occupation <u>6 mos</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bridgport North Carolina</u>		
13. NAME <u>Thomas Porter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
15. MAIDEN NAME <u>Mina Schueler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT <u>Chas E. Porter</u> (ADDRESS) <u>7 E. 1st St. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington</u> DATE <u>9/3/33</u>		
19. UNDERTAKER <u>D. J. ...</u> (ADDRESS) <u>...</u>		
20. FILED <u>MAR - 2 1933</u> <u>Max ...</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/29 1933 to 3/11 1933  
Last saw him alive on 3/11 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cardiac Renal Disease  
25 B  
82 B  
95/5  
Other contributory causes of importance:  
Paralytic Stroke  
Apoplectic Hemiplegia  
Name of operation None Date of.....  
What test confirmed diagnosis? Physician's report 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.....  
Where did injury occur? None Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify.....  
(Signed) W. J. Reilly M. D.  
(Address) 6125 Burtmer

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.

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W. J. Reilly  
M. D.

Dr. Raully P. J. -  
P.S. -  
D. T. Reilly  
6125 Bodtner,