APR 25 1929

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

Do not use this space.

11249

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Joachim — Primary Registration District No. 4549 — Registered No. 49
City Festus Mo. (No. ..... St. ..... Ward)

2. FULL NAME Harry M. 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: 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: Maggie Porter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 29-1888

7. AGE: Years 40 — Months 9 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus Mo.

PARENTS
10. NAME OF FATHER: Alfred Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jeff. Co. Mo.
12. MAIDEN NAME OF MOTHER: Mary Dorsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.

14. INFORMANT: Wm Porter
(Address) Festus Mo

15. FILED 3/28, 1929 J. E. Kuttedge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Coroners Inquest, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at 1:27 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide - Gunshot wound of head

167 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Walter E. Gibson Jr., M. D
, 19 (Address) Corner of Jefferson Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gamel Cemetery — DATE OF BURIAL: 3-29 1929

20. UNDERTAKER: Fink Und. Co. — ADDRESS: Festus 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.

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