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

Do not use this space.

37717

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City ..... (No. 742, Florissant Rd. St. ..... Ward)

Registration District No. 748
Primary Registration District No. 6130

File No. .....
Registered No. .....

2. FULL NAME John W. Porter
(a) Residence, No. 1230 Amherst 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 Laura Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	16.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Public Service Co.
10. Date deceased last worked at this occupation (month and year) May 1932.
11. Total time (years) spent in this occupation 23.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Kentucky

FATHER
13. NAME Donald Porter.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs. Laura Porter
(ADDRESS) 1230 Amherst St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Nov. 23, 1933

19. UNDERTAKER Shepard Funeral Home
(ADDRESS) 6167-69 Hamilton Ave.

20. FILED 11-22, 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/ 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

Suicide by self destruction. severed throat with razor in the edge of woods, North of Ferguson, St. Louis County, St. Ferdinand Twp. some time during nite. Was found the following morning by passerby's

Date of onset

Other contributory causes of importance:
In severing the throat,--completely severed the thyroid cartilage of the upper portion of the tracia,

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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 .....

(Signed) Luke B. Timon, M.D.
(Address) 3718 Jennings Rd.
Coroner St. Louis Co. Mo. 11/20/33

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.

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

all soft structures across the throat, and completely severing the left common carotid artery.

Secondary; Hemorrhage.