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

Do not use this space.

29863

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada Mo (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 3039
File No. .....
Registered No. 207

2. FULL NAME Marion Jackson Porter
(a) Residence. No. Nevada Vernon Co. St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	3	24	

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

9. BIRTHPLACE (CITY OR TOWN) Sweet Springs
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenesee
12. MAIDEN NAME OF MOTHER Mary Matton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) PK
(STATE OR COUNTRY) Tenesee

14. INFORMANT Roy Porter
(Address) Nevada Mo

15. FILED 9-4, 1929 E.R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide
Hung Self
..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) M E Ferry Coroner, M.D.
8-24, 1929 (Address) Nevada Mo

*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 Colman S. Dakota
DATE OF BURIAL Aug 26 1929

20. UNDERTAKER Ferry Funeral Home
ADDRESS Nevada Mo