29 1928

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near ~~Farmington~~ (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 24909
Registered No. 99

2. FULL NAME Samuel Ira Presson
(a) Residence. No. State Hospital No. 4 St., ... Ward. R.R.#1-Bertrand, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

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: Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 39; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

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): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mississippi Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: ~~Unknn~~ S. A. Presson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Commitment Papers
(Address)

15. FILED 7-10, 1928 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 10- 19 19 28

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 10, 1928 that I last saw him alive on July 10, 1928 and that death occurred, on the date stated above, at 10:03 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute meningitis
108
79 ff (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Pneumonia, Lobar
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101 A
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P. J. Tate, M. D
7-10, 1928 (Address) Hosp. #4 Farmington, 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: Armour Cem Bertrand Mo
DATE OF BURIAL: 7-11-1928

20. UNDERTAKER: F. D. Lair.
ADDRESS: Charleston