27 1928 Dr W.

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

Do not use this space.

1. PLACE OF DEATH
County: Miss.
Township: St James
City: ..... No. ..... St. ..... Ward)
Registration District No. 567
Primary Registration District No. 5763
File No. 27947
Registered No. 67

2. FULL NAME: Bud Presson

(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)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Lucrece Lauck Presson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26-1908

7. AGE: Years 21 | Months 2 | Days 12 | 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): Miss Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John Presson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Cora Owens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Miss Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: John Presson
(Address): Bertrand Rt No 1

15. FILED 9-7, 1928 Duff Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15-, 1928, to Aug 8, 1928, that I last saw h. alive on Aug 7-, 1928, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
(duration) 3 wks 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) Geo W. Whitaker, M. D
9-5-, 1928 (Address) East Prairie 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: Dogwood
DATE OF BURIAL: Aug 9th 1928
20. UNDERTAKER: Francis Shelby
ADDRESS: East Prairie 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.