JAN 24 1929

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

Do not use this space.

41611

1. PLACE OF DEATH

County Livingston Registration District No. 5 08 File No.

Township Richfield Primary Registration District No. 3 026 Registered No. 126

City Chillicothe (No. , St. Ward)

2. FULL NAME James C. Preston

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19-1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	4	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman (Retd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Union Tea Co.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Morgan Co. Ohio

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Harriet Conf.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Anna Mann
(Address) Chillicothe Mo.

15. FILED 12-9-1928 Reuben Barney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Dec. 7, 1928, that I last saw him alive on Nov. 19 1928, and that death occurred, on the date stated above, at 11.45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

(duration) 3 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? No. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) H. M. Grace, M. D

129, 1928 (Address) Chillicothe 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 Edgewood Cem. DATE OF BURIAL Dec. 10 1928

20. UNDERTAKER Jno. D. Gordon ADDRESS Chillicothe 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.