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

Do not use this space.

12732

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. Christian Hospital St. ..... Ward)

File No. 3267

Registered No. .....

2. FULL NAME Robert O. McPheeters

(a) Residence. No. 4728 McMillian St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	8	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Undertaker

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Callaway County.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Alex McPheeters

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

12. MAIDEN NAME OF MOTHER J. Edmonstone

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

14. INFORMANT Harold McPheeters
(Address) 6250 Enright

15. FILED MAR 15 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928, to March 14, 1929, that I last saw him alive on March 14, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

88B 11A 72A

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Apoplexy — Hemiplegia due to Cerebral Hemorrhage

(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? Usual Clinical

(Signed) Adam H. Snyder M.D.

3/15, 1929 (Address) 35 35th Newstead

*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: Mexico, Mo.

DATE OF BURIAL: 3-16- 1929

20. UNDERTAKER: McPheeters Und. Co.

ADDRESS: Mexico, 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.

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