

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

Do not use this space.

38171

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. 567) Water St. _____ Ward)

File No. _____
Registered No. 166
St. _____ Ward)

2. FULL NAME Harrison Poston

(a) Residence. No. 567 Water 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

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Henrietta Hull

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 - 1852

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
77	2	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonerville Mo

PARENTS

10. NAME OF FATHER Mr. Hestley

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

12. MAIDEN NAME OF MOTHER Mr. Hestley

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

14. INFORMANT Elizabeth Robinson
(Address) 567 Water St

15. FILED 11/23, 1929 Hy. H. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1929

17. I HEREBY CERTIFY, That I attended deceased from October 28, 1929, to November 19, 1929, that I last saw him alive on November 16, 1929, and that death occurred, on the date stated above, at 11:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

(duration) _____ yrs. _____ mos. 22 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 10 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? Clinical signs
(Signed) B. L. Nembesser, M. D.

11/20, 1929 (Address) St. Charles, 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

Oak Grove Cem. Nov 23 1929

20. UNDERTAKER

W. Hallmeyer + Son Co 800 N. 2nd St.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

92
237
31

