

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

Do not use this space.

612
2a
3

PLACE OF DEATH

County Leggport
Township P. Palestine
City (No. _____)

Registration District No. 219
Primary Registration District No. 571

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

John Remison

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 4 - 1855</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>5</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/25/1930

17. I HEREBY CERTIFY, That I attended deceased from 11/17/1930, 1930, to 11/25/1930, 1930, that I last saw him alive on 11/24/1930, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
E. B. A.

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1/1/1931
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

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

10. NAME OF FATHER Jack Remison

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

12. MAIDEN NAME OF MOTHER unknown

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Reeves, M. D.
, 19 _____ (Address) Leggport 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.

14. INFORMANT Elmer Cartner
(Address) Speed Mo.

15. FILED 2/9/30 Hattie Pophin
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miller Cemetery - Pettis County Mo

DATE OF BURIAL Jan 27, 1930

20. UNDERTAKER Goodman & Doller Booneville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

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