OCT 29 1930

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

Do not use this space.

30239

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408
Township: E. Jackson — Primary Registration District No. 5563a
City: Carthage (No. County Farm St. Ward)

2. FULL NAME Daniel Pressey

(a) Residence. No. St., 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. 3 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gardner
(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) Indiana

PARENTS
10. NAME OF FATHER Jacob Pressey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Julia Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Jud Howell
(Address)

15. FILED 9/17 1930 E. Hitchcock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 16 — 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1930 to 9-16 1930 that I last saw h. alive on 9-15-30 1930 and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis Heart
to Rheumatic nephritis
9-14

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None

(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) A. B. Kistler, M. D.
, 19 (Address) Carthage 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: Co. Farm Cemetery — DATE OF BURIAL: 9/17 1930

20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD