

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

Do not use this space.

41704

File No. _____
Registered No. 9
St. _____ Ward _____

1. PLACE OF DEATH

County Scott
Township Wentworth
City Rutledge (No. _____)

Registration District No. 811
Primary Registration District No. 4489

2. FULL NAME

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

5A. If ~~Woman, Widower, or Divorced~~ HUSBAND of (or) WIFE of Sarah McPherson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Scotland, Mo

10. NAME OF FATHER

John McPherson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER

Adelia Gale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14. INFORMANT

(Address) John R. McPherson
Rutledge Mo

15. FILED

4 - 1931 Adella B. Wilson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-1-1928, to 12-20-1930
that I last saw him alive on 12-25-1930, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Articular
Rheumatism
Myocarditis
(duration) yrs. 1 1/2 mos. 15 ds.

CONTRIBUTORY Senile Debility
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE _____
DID AN OPERATION PRECEDE DEATH? _____

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Parrish M. D.

(Address) 12/27/1930 Memphis, 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Concord Cemetery Dec 27 1930

21. UNDERTAKER

ADDRESS

Green Basket Memphis

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.

1931
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MM

