

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

Do not use this space.

1. PLACE OF DEATH

County Columbia
Township Columbia
City _____

Registration District No. 73
Primary Registration District No. 5112

File No. 17122
Registered No. 114
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Columbia Mo. Rfd 6 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 19

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) Columbia
(STATE OR COUNTRY) Miss. N. E. Mo.

10. NAME OF FATHER Woodson Persinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Miss. N. E. Mo.

12. MAIDEN NAME OF MOTHER Elizabeth M. Halladay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Va.

14. INFORMANT J. J. Persinger
(Address) Columbia Mo Rfd 6

15. FILED 5/18/31 F. C. Suggett REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1931

17. I HEREBY CERTIFY, That I attended deceased from 1st 1931 to 17th 1931
that I last saw him alive on May 15, 1931 and that death occurred, on the date stated above at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Disease (Myocarditis)

CONTRIBUTORY (SECONDARY) Chronic Bright's
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 151
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Lozel Simpson, M. D.

*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.
5-18-31 (Address) Columbia Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rockfork Cemetery DATE OF BURIAL May 19 1931

20. UNDERTAKER B. H. Baker ADDRESS Columbia

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

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.

JUN 24 1931

