

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

Do not use this space.

23584

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1005

File No.....

City.....

No. *St. Luke's Hospital*

Registered No.....

7100

St.....

Ward)

2. FULL NAME

(a) Residence, No.....

St.....

Ward.....

(Usual place of abode)

(If not resident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos./1 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)

married

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

Elda Presely

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 25, 1887

7. AGE

YEARS
43

MONTHS

8

DAYS

3

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

*coal miner
R.E. Moffatt*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sparta Ill

10. NAME OF FATHER

Bryson Presely

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unk. Ill

12. MAIDEN NAME OF MOTHER

Unk.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unk.

14.

INFORMANT.....

(Address)

*Elda Presely
Sparta Ill*

15.

FILED.....

*JUN 23 1931
W. H. C. [Signature]*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 28 1931

17.

I HEREBY CERTIFY, That I attended deceased from *April 1, 1928* to *June 28, 1931* that I last saw him alive on *June 28, 1931*, and that death occurred, on the date stated above, at *1:05 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastrointestinal hemorrhage

CONTRIBUTORY (SECONDARY)

Subcutaneous abscess of intestine

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

Yes DATE OF June 19 1931

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

operation microscopy

(Signed).....

Chas E. Hodgman M. D.

June 28, 1931 (Address) 3720 Washington

*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

DATE OF BURIAL

Sparta Ill

6, 28 1931

20. UMBERTAKER

ADDRESS

Eicker & Son

Sparta Ill

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

