

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

Do not use this space.

15274

**1. PLACE OF DEATH**  
 10 County Boone Registration District No. 73  
 3 Township Columbia Primary Registration District No. 3006  
 8 City Columbia St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**  
James Persinger  
 (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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 106  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** about 1857

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, _____ hrs. or _____ min.</b>
<u>about 75</u>				

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Caretaker

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** private home

**10. Date deceased last worked at this occupation (month and year)** April 1932 **11. Total time (years) spent in this occupation** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Boone County Missouri

**13. NAME** Don't know

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**15. MAIDEN NAME** Don't know

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**17. INFORMANT (ADDRESS)** James M. Wilson Columbia, Missouri

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Mount Hope Me. DATE 5-6, 1932

**19. UNDERTAKER (ADDRESS)** Wm. J. Taylor Columbia, Missouri

**20. FILED** 5757, 1932 Allie Selby Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 5-4, 1932

**22. I HEREBY CERTIFY**, That I attended deceased from Apr 19, 1932 to May 4, 1932  
 I last saw him alive on May 2, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 4-29-32

Other contributory causes of importance: 82 A J. J. W. 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Coarrier M. D.  
 (Address) Columbia, Mo.

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.

AUG 21 1932

Chrysler