

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

Do not use this space.

18707

1. PLACE OF DEATH

County Vermon
Township
City Nevoda mo (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 125
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1013 S. Main St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 0 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevoda mo

FATHER
13. NAME William Cressey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D R Missouri

MOTHER
15. MAIDEN NAME D R

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Mary Mc Miller 1119 South Ash St

18. BURIAL, CREMATION, OR REMOVAL PLACE More Cem DATE 5-4-1933

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada mo

20. FILED 6-6-33 E. O. King Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1933, to May 3, 1933
I last saw him alive on May 1, 1933 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:
Cardiac decompensation Date of onset
95B
97
107 95B
Other contributory causes of importance:
arteriosclerosis
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) William King, M. D.
(Address) Nevoda

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 1933

