

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

91 County Pikely Registration District No. 750
Township Harris Primary Registration District No. 5991 File No. 12
City Douglas (No. _____) St. _____ Ward _____ Registered No. 1223

2. FULL NAME

Miles W. Presson
(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 30 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/19/1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 8 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years, months, days) spent in this occupation lifetime

12. BIRTHPLACE (CITY OR TOWN) Candor, Benton Co., Tenn. (STATE OR COUNTRY)

13. NAME James M. Presson

14. BIRTHPLACE (CITY OR TOWN) No. Car. (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Little

16. BIRTHPLACE (CITY OR TOWN) No. Car. (STATE OR COUNTRY)

17. INFORMANT Fred Richmond (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 10-22-1933

19. UNDERTAKER Jordan (ADDRESS)

20. FILED 10-22-1933 C. O. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2-32, 19____, to 10-21-33, 19____

I last saw him alive on 10-21-33, 19____ Death is said

to have occurred on the date stated above, at 3:20 AM

The principal cause of death and related causes of importance were as follows:

Hematuria in Bladder
1248
1357
Other contributory causes of importance:
Hob nail w/ diver

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? No 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. R. Hume, M. D.

(Address) 2077. phun Mo

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.

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