

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

Do not use this space.

23144

1. PLACE OF DEATH

County Bates
Township West Boone
City Howard (No.)

Registration District No. 52
Primary Registration District No. 5080

File No.
Registered No. 3 (Ward)

2. FULL NAME

Howard Clark McPherson

(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 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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-20-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 6 8

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). Genl Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo.

10. NAME OF FATHER Mr. McPherson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Co. Ohio.
12. MAIDEN NAME OF MOTHER Maddie Colvert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Co. Ohio.

14. INFORMANT (Address) Mr. J. C. Smith. Drexel-Mo.

15. FILED 7-29-1934 Mrs Will Tucker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/28 1934

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by Hanging
11/2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 165 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Crabtree, M. D.
7-28-1934 (Address) Coroner of Bates Co

*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. Suicide

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sharon Cemetery DATE OF BURIAL 7-30-1934

20. UNDERTAKER J. B. Hays ADDRESS Drexel 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.

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

AUG 16 1934

