

NOV 9 1934

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

Do not use this space.

36921

1. PLACE OF DEATH

County Pitts Registration District No. 668
Township Sedalia Primary Registration District No. 5889
City Sedalia (No. Sedalia R.R. #6) Registered No. 668
St. _____ Ward _____

2. FULL NAME

Robert Franklin McPherson
(a) Residence, No. Sedalia R.R. #6 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Custene McPherson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5 - 1852</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation <u>20 yrs</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year) <u>1930</u>		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>John McPherson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Jane Jones</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	17. INFORMANT (ADDRESS) <u>Geo. W. McPherson</u> <u>Sedalia R.R. #6</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mem Park</u> DATE <u>10-5-</u> 19 <u>34</u>
	19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros</u> <u>Sedalia Mo</u>
20. FILED <u>10-4-</u> 19 <u>34</u> <u>Jane Slack</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3rd 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1934, to Oct 3 1934
I last saw him alive on Oct 3 1934 Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Right Hemiplegia
958
820 95 bed
Other contributory causes of importance:
Cardio-Neuritic
Date of onset
9/20/34

Name of operation none Date of _____
What test confirmed diagnosis? Findings there an autopsy?
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 Jacob Carlisle M. D.
(Signed) Jacob Carlisle
(Address) Sedalia 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.

RECEIVED
MAY 10 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

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