

APR 22 1937

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

Do not use this space.

12736

1. PLACE OF DEATH

County New Madrid  
Township Anderson  
City..... (No..... Ward)

Registration District No. 25  
Primary Registration District No. 0262

File No. 10  
Registered No. 1319  
St. .... Ward)

2. FULL NAME James Lee Presley

(a) Residence, No. .... 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 <u>male</u>	4. COLOR OR RACE <u>white</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>Fannie Presley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-16-1872</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>0</u>	DAYS <u>16</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>Feb 1937</u>
	11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (CITY OR TOWN) Carroll County Tenn  
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

15. MAIDEN NAME unknown

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

17. INFORMANT Fannie Presley  
(ADDRESS) Widely, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hennett DATE 19

19. UNDERTAKER Geo. E. Fox  
(ADDRESS) Widely, Mo.

20. FILED Mar 10, 1937 M. D. Murren  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb 5, 1937, to Feb 16, 1937  
I last saw him alive on Feb 16, 1937 Death is said to have occurred on the date stated above, at 5:30 m.

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

distemper and bronchial pneumonia

Other contributory causes of importance 16

Name of operation none Date of .....

What test confirmed diagnosis? bleeds Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury 0, 19.....

Where did injury occur? 0  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

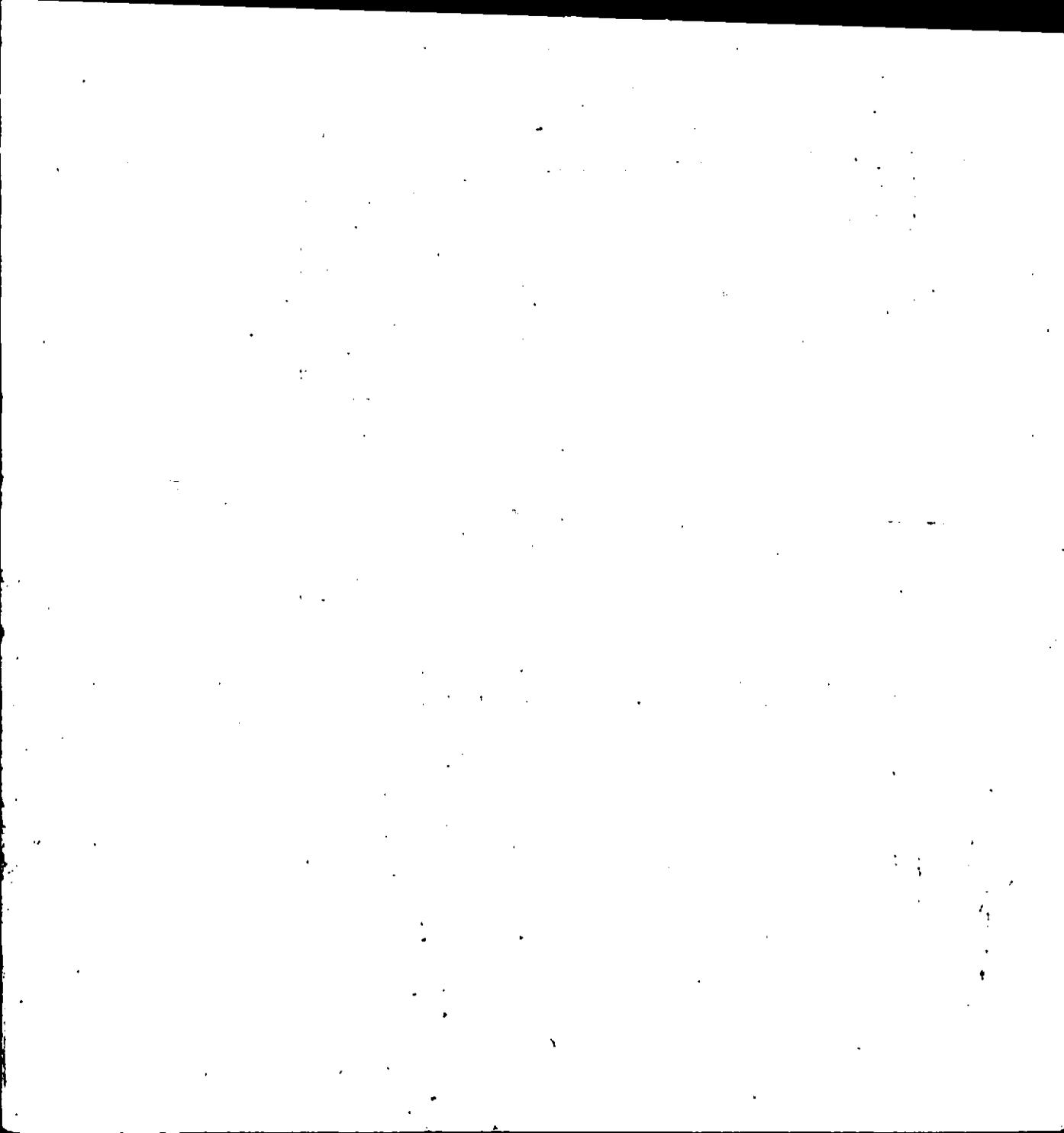
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify 1337 Widely

(Signed) James Lee Presley, M. D.

(Address) Widely, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County New Madrid  
Township Anderson  
City (No. ....) St. .... Ward)

Registration District No. 5-5  
Primary Registration District No. 6262

File No. 12736  
Registered No. ....

**2. FULL NAME**

James Lee Presley  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 0 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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)  
11. Total time (years) spent in this occupation

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

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hennett Cem DATE 1937

19. UNDERTAKER (ADDRESS) J. C. Foy Holcomb mo.

20. FILED Mar 10 1937 M. S. Murrain Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Other contributory causes of importance:  
Name of operation ..... Date of.....  
What test confirmed diagnosis? ..... Was 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.  
(Signed) B. E. Ellis M. D.  
(Address) London Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

OCCUPATION IS VERY IMPORTANT.

S-12736