

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.

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

Do not use this space.

JUL 3 0 1937

1. PLACE OF DEATH

County Mercer Registration District No. 555
 Township Morgan Primary Registration District No. 4328
 City Princeton (No.) St. Ward)

File No. 24289

Registered No. 44

2. FULL NAME

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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.

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 Lucy Jane Pixler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 0

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

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) Mercer Co

13. NAME Robert Pixler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant Co. Indiana

15. MAIDEN NAME Mary Wood

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

17. INFORMANT Mrs Lucy Pixler (ADDRESS) Princeton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE 6-20 1937

19. UNDERTAKER Attard Reed (ADDRESS) Princeton, Mo

20. FILED 6/19 1937 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1937

22. I HEREBY CERTIFY that I attended deceased from June 1 1937 to June 19 1937
 I last saw him alive on June 19 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:

acute regurgitation
92a
 Other contributory causes of importance: Paralysis agitans

Name of operation no Date of no
 What test confirmed diagnosis Phys sign 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 no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. M. Perry M. D.
6/19/37 Princeton Mo

