REC'D JUN 15 1938

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

Do not use this space.

18492

1. PLACE OF DEATH
County Jackson
Township Sni a bar
City Grain Valley (No. R.F.D., ... St. ..... Ward)
Registration District No. 395
Primary Registration District No. 555 1A
File No. .....
Registered No. .....

2. FULL NAME Ira O Pressly 624
(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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1876

7. AGE YEARS 60 MONTHS 8 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

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. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 9

FATHER
13. NAME D. Pressly 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Donald Pressly Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs DATE 5-1 1938

19. UNDERTAKER (ADDRESS) R B Webb Blue Springs Mo

20. FILED 4/10 1938 F W Tuttle M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dy Coroner, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

Death from Hemorrhage
Cut - Int Jugular Vein - med Basilic artery on both right & left

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4-29-38 19 00 P
Where did injury occur? 2½ Mi NE Blue Spgs 4-29-38
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury Cut Int Jugular Vein Med bas artery
Nature of injury Cut artery

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J Lombry, M. D.
(Address) Dy Coroner

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

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.