

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

REC'D MAR 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County Texas
 Township Pine
 City Rural (No. _____)

Registration District No. 1032
 Primary Registration District No. 6144

File No. 8066
 Registered No. 1
 St. _____ Ward _____

2. FULL NAME Clarence Presser

(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 45 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 Mrs Clarence Presser.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th. 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>45</u>	<u>4</u>	<u>14</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Willow Springs, Missouri
(STATE OR COUNTRY)

13. NAME David Holbert Presser.

14. BIRTHPLACE (CITY OR TOWN) Texas County, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Bradford.

16. BIRTHPLACE (CITY OR TOWN) Texas County, Missouri
(STATE OR COUNTRY)

17. INFORMANT Charlie Presser
(ADDRESS) Willow Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pine Creek Cem DATE 2/23/ 1939

19. UNDERTAKER Burns & Son.
(ADDRESS) Willow Springs, Missouri.

20. FILED _____, 19____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19-1939, to 2-21-1939

I last saw him alive on 2-19-1939. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Lobar Pneumonia

Date of onset 2-13-39

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) W. J. Sullivan M. D.
 (Address) Willow Springs, Mo.

used from 8 44

JUN 11 1945

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

8066
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 8626
(b) Township Sargent Pierce Primary Registration District No. 6229 Registered No. 97
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Clarence Presser St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1894
7. AGE YEARS 45 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Willow Springs Texas
13. NAME David Holbert Presser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
15. MAIDEN NAME Margaret Bradford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT (ADDRESS) Charlie Presser Willow Springs
18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Creek DATE 2/22/39
19. FUNERAL DIRECTOR (ADDRESS) Burns son Willow Springs
20. FILED Sept 12 1939 Paul B. Birmingham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-1939
22. I HEREBY CERTIFY, That I attended deceased from 2-19-1939 to 2-21-1939
I last saw him alive on 2-19-1939. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset
Contributory causes of importance:
Name of operation none Date of
What first confirmed diagnosis clinical 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.....
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify C. F. Callifano, M. D.
(Signed) C. F. Callifano (Address) Willow Springs

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

