

REC'D JUN 21 1939

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

Do not use this space.

18748

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Viola J. Priesner

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

July 27 1898

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.

40

10

6

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.....

0

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

Henry Co Mo

13. NAME

August Priesner

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

Holland

15. MAIDEN NAME

Martha K Fisher

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

Johnson Co Mo

17. INFORMANT
(ADDRESS)Mrs. Viola Priesner
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lebo

DATE

June 4

1939

19. UNDERTAKER
(ADDRESS)Conrad & Pieser
Clinton Mo

20. FILED

6-5-39

Dr. J. D. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 3 1939

22. I HEREBY CERTIFY, That I ^{visual body} attended deceased ^{from}I last saw him ^{dead body} alive on June 3 1939 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Death due to natural
causes - apparently
heart failure

Date of onset

June 3/1939

Other contributory causes of importance:

None I could

Name of operation

What test confirmed diagnosis? ^{Date of} Evan's test Was there an autopsy? ^{no}

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ^{no} 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)

S. B. Hughes 4 M. D.

315 (Address) Crown Henry County, Mo

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.

MAINTAIN RESERVED FOR BINDING

V. S. O. 2
50M-10-22-36
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RECEIVED

District Health Officer No. 7.

District File Number 7-39-900

Date Filed 6-6-39