

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26610  
Do not use this space.

AUG 10 1939

1. PLACE OF DEATH

(a) County Ralls Registration District No. 728  
 (b) Township Clay Primary Registration District No. 5961  
 (c) City Spalding (d) Street No. Marshall Wilson Farm 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Proctor McPherson

(a) Residence, No. Spalding Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 14

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) Hydesburg Missouri

13. NAME Henry McPherson

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

15. MAIDEN NAME Florida Sugbner

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

17. INFORMANT (ADDRESS) Edward McPherson Oakwood Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hydesburg DATE 5/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths' Funeral Home 902 Broadway Hannibal Mo.

20. FILED May 17, 1939 Marrion Short Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1, 1939 to May 15, 1939

I last saw him alive on May 14, 1939 Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Coronary Thrombosis

Date of onset 5/15/39

Other contributory causes of importance:

Hypertension

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) A. S. Short M. D.

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.

Quinton

RECEIVED

District Health Officer No. 10

District File Number 8-29-1392

Date Filed AUG 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis Quest

....., Registered Apprentice No. 150

working under my personal supervision.

Signed

*Beauford Smith*

Licensed Embalmer No. 3814

P. O. Address

*Hannibal, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.