

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

Do not use this space.

16337

1. PLACE OF DEATH

County Laney ² Registration District No. 861
 Township Cedar Creek ⁰ Primary Registration District No. 6134
 City Cedar Creek (No.) St. Ward)

File No.

Registered No. 10

2. FULL NAME

Thomas Jackson Persinger
 (a) Residence, No. St. Ward. Cedar Creek, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 7 mos. 4 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 (write name of husband or wife) Abner Celesta Persinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-19-1867
 7. AGE 72 YEARS MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

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) Sept. 1939 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston W. Va.

FATHER 13. NAME Charles Lewis Persinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sulfur Springs Virginia

MOTHER 15. MAIDEN NAME Lizabeth Catharine Jackson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston W. Va.

17. INFORMANT (ADDRESS) ✓

18. BURIAL, CREMATION, OR REMOVAL PLACE Coble Cemetery DATE Apr. 15 1940

19. UNDERTAKER (ADDRESS) Apr. 20 40 Irene B. Reynolds

20. FILED 1940 Irene B. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1940
 22. I HEREBY CERTIFY, That I attended deceased from July 1936 to April 14 1940
 I last saw him alive on April 12 1940 Death is said to have occurred on the date stated above, at 12:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic tubular nephritis
 Hypertrophic inflammation of the prostate gland
 Other contributory causes of importance: 181
 Name of operation none Date of
 What test confirmed diagnosis? 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) Dr. E. E. Heltner M. D.
Branson Mo (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 540-1304

Date Filed MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 16337

Registration District No. 861

Primary Registration District No. 6134

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Cedar Creek
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Thomas Jackson Perin

4. MANNER OF CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH Month apr day 14
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased July 19 1867
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 72 Months 8 Days 25
If less than one day _____ hr _____ min.

Due to _____
Due to _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

While at work? _____ (Specify type of place)
_____ (c) Means of injury _____

19. (a) April 20, 1940 Irma B. Reynolds
(Date received local registrar) (Registrar's signature)

23. Signature E. E. Keltner (M. D. or other) _____
Address Channon Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1870

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