

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

Do not use this space.

22163

1. PLACE OF DEATH

County Newton
Township West Buren
City Ritchey, Mo. (No. _____)

Registration District No. 612
Primary Registration District No. 3814

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. James George Washington Pressley St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 9 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mildred M. Pressley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 7, 1883</u>		
7. AGE <u>46</u> YEARS	<u>3</u> MONTHS	<u>12</u> DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Irish farming
(c) Name of employer Worked for himself

9. BIRTHPLACE (CITY OR TOWN) Near Seligman
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Dorman Pressley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Henrietta Toy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Washburn
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Mildred M. Pressley
(Address) Ritchey, Mo.

15. FILED July 8, 1929 W. P. Morley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1929

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to June 18, 1929, that I last saw him alive on June 18, 1929, and that death occurred, on the date stated above, at 6. A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
92 A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. F. Chestnut, M. D.

June 18, 1929 (Address) Newton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Black Fox Cemetery June 20, 29
20. UNDERTAKER ADDRESS

J. S. Dentman Grand, Mo.

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.

THIS IS A PERMANENT RECORD

JUL 73 26 1929

