

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

2
3488
 Do not use this space.

1. PLACE OF DEATH

(a) County Maentown Registration District No. 1095
 (b) Township Moreau Primary Registration District No. 5770 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

Hill Robertson McPherson 216
 (a) Residence, No. _____ 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 16

OCCUPATION 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) 2/17/38 11. Total time (years) spent in this occupation Life

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

FATHER 13. NAME John Gray McPherson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maentown Co. Mo.

MOTHER 15. MAIDEN NAME Mary M. Hill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no.

17. INFORMANT (ADDRESS) Mrs. Hill McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mariah DATE 2-20-38

19. FUNERAL DIRECTOR (ADDRESS) Jessie E. Richards
Lepton Mo.

20. FILED 2-21 1938 J. G. Martin
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on Never, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Suicide by hanging
165

Other contributory causes of importance: _____
 Name of operation _____ 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? suicide Date of injury no, 19____
 Where did injury occur? at his home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in barn at home
 Manner of injury by hanging
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. R. Popejoy, Coroner M. D.
California 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, James E. Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466

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.)