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.

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

Do not use this space.

4286

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4286

Township ..... Primary Registration District No. 1100 Registered No. 912

City St. Louis Mo (No. City Hospital ..... St. ..... Ward)

2. FULL NAME George Denny McPherson

(a) Residence. No. 5190 Raymond Pl St., 5 Ward. (Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marrie Barrett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	4	22	

8. OCCUPATION OF DECEASED 2101

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Bordon Milk Co.

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Mt. Herman 2

(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Cambell McPherson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2

(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Lucy Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 2

(STATE OR COUNTRY) Tenn.

14. INFORMANT Naomi Rogers

(Address) 5190 Raymond

15. FILED JAN 19 1929 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Internal)

Struck by Auto

St. Louis Mo. (duration) ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 188C

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? yes 215

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Kemer M. D.

1/19/29 (Address) Dep. Coroner

*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
Valhalla Cem.	1-21-1929

20. UNDERTAKER	ADDRESS
Alexander & Sons 6175	Delmar