DEC 20 1930

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

Do not use this space.

35531

1. PLACE OF DEATH
County Cape
Township Whitewater
City Millersville Mo (No. ..... St. ..... Ward)
Registration District No. 124
Primary Registration District No. 5183
File No. .....
Registered No. 73

2. FULL NAME John Wessley Propst
(a) Residence. No. ..... St., ... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Propst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dan Known

7. AGE about YEARS 80 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Millersville
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Daniel Propst
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bollinger Co. Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margaret Kinyon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bollinger Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. W. Propst
(Address) Millersville, Mo.

15. FILED 12-1, 1930 D. G. Seibur
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1930 to Nov 28 1930 that I last saw h... alive on Nov 28 1930 and that death occurred, on the date stated above, at 3:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide
Gun Shot Shot himself in head with pistol
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) D. G. L. Seibourgh, M. D.
11-30, 1930 (Address) Jackson 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 Snider Cemetery
DATE OF BURIAL Nov 30 1930

20. UNDERTAKER Cranoft & Miller
ADDRESS Jackson Mo

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.