CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1933

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

Do not use this space.

15532

1. PLACE OF DEATH

County Vernon — Registration District No. 878 — File No.

Township Dover — Primary Registration District No. 6166 — Registered No. 4

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cora May Pressler

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: R. A. Pressler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 1867

7. AGE: YEARS 65 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER

13. NAME: John Mishey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER

15. MAIDEN NAME: Webster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): R. A. Pressler

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: Polston — DATE: April 18, 1933

19. UNDERTAKER (ADDRESS): Beeney & Sons

20. FILED: April 17, 1933 — Carroll T. Beeney, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1933, to Apr. 17, 1933. I last saw her alive on Apr. 7, 1933. Death is said to have occurred on the date stated above, at 3:50 P.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemm Left	1929
59	
8 A 59	

Other contributory causes of importance: Diabetes Mellitus

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? ..... 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) C. L. Keithly, M. D.

(Address) Milo Mo.