MAR 24 1934

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

Do not use this space.

7532

1. PLACE OF DEATH

107 County Texas — Registration District No. 1032 — File No.

Township Pierce — Primary Registration District No. 6044 — Registered No.

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

2. FULL NAME Margaret Maggie Presser

(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 David H. Presser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886

7. AGE: YEARS 67 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

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) May, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Margret M Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

17. INFORMANT (ADDRESS) Bob Norris

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE Feb 14 1934

19. UNDERTAKER (ADDRESS) Herbert Cooper Willow Springs

20. FILED 7/20 1934 Paul R Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to February 13, 1934

I last saw her alive on February 11, 1934. Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1928 (EE
131	
136	
Other contributory causes of importance:	
Chronic nephritis	1931

Name of operation no — Date of —

What test confirmed diagnosis? physical findings — Was there an autopsy? —

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? —

If so, specify

(Signed) [illegible] MD

(Address) Willow Springs Mo

N. B.—Every item of information should state CAUSE OF DEATH in plain terms; ... is very important.