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.

REC'D AUG 1 1939

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

26264
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi 2
(b) Township ~~Tywappity~~ 1
(c) City Charleston
Registration District No. 566
Primary Registration District No. 3030
Registered No. 77
(d) Street No. ..... St.
(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 625 Edgar Hale Presson
(a) Residence, No. Charleston, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Elizebeth Presson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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) May 1939
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Tennessee 1

FATHER
13. NAME Zacharia Presson 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Tennessee 1

MOTHER
15. MAIDEN NAME Rose Ella Presson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Tennessee

17. INFORMANT (ADDRESS) Mrs Elizebeth Presson Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery Charleston, Mo DATE 7/26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lair-Nunnelee Funeral Service Charleston, Mo

20. FILED 7-27- 1939 F L Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to July 24, 1939
I last saw him alive on July 23, 1939. Death is said to have occurred on the date stated above, at 4:25a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cr. Myocarditis with terminal	1 year
Cerebral Hemorrhage +	5 days
paralysis	
92C	

Other contributory causes of importance:

Cr. Hypertension -	
Sub-Acute Pleurisy with	1 yr
effusion (1 month)	1 month

Name of operation fluid withdrawn Date of July 10
What test confirmed diagnosis? 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) W. S. Lore, M. D.
745 (Address) Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 739-96
Date Filed 7-31

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, E. E. Runnelee, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed E. E. Runnelee

Licensed Embalmer No. 4068

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.