1 PLACE OF DEATH

COUNTY OF ESMERALDA

TOWN OF Coaldale

~~City~~ or OF Esmeralda

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

NEVADA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DUPLICATE CERTIFICATE OF DEATH

State Index No. .....

LOCAL REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 12.)

2 Full Name Robert Ross McPherson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If Married, Widowed or Divorced (Write the word): Married

6 DATE OF BIRTH: February 3, 1896 (Month) (Day) (Year)

7 AGE: 59 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION (a) Trade, profession or particular kind of work: Salesman (b) General nature of industry, business or establishment in which employed (or employer): Music Store

9 BIRTHPLACE (State or country): Bottineau, N. Dakota

PARENTS

10 NAME OF FATHER: Thomas McPherson

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Charlotte Smith

13 BIRTHPLACE OF MOTHER (State or country): Unknown

13a LENGTH OF RESIDENCE

At place of Death ..... years, 2 mo. months

In Nevada ..... years, 2 mo. months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Juanita McPherson

(Address) Unknown

15

Filed ....., 19..

Registrar.

Date June 2 1955 Russell A. Jay M.D. Registrar or Deputy.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 31, (Day) 1955 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1955 to May 31, 1955

that I last saw him alive on May 31, 1955

and that death occurred on the date stated above at 2:20A M.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(Duration) ..... yrs. ..... mos. 1 day

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell A. Jay, M. D.

June 2, 1955 (Address) Tonopah, Nev.

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Travelers, or Recent Residents

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL: Tonopah Cemetery

DATE OF BURIAL: June 2 1955

20 UNDERTAKER: W. F. Logan

ADDRESS: Tonopah, Nev.