

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

1 PLACE OF DEATH

County *St. Francois*
Township *Randolph*
or
Village *St. Louis*
or
City

Registration District No. *779* File No. *22 15684*
Primary Registration District No. *6074a* Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *John Degonia*

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE WARRIED WIDOWED OR DIVORCED *Wife*
(Write the word)

16 DATE OF DEATH *April 17th* 191*4*
(Month) (Day) (Year)

6 DATE OF BIRTH *Dec 9th* 18*98*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Feb 27th* 191*6*, to *April 14th* 191*4*
that I last saw him alive on *April 14th* 191*4*
and that death occurred, on the date stated above, at *1 a.m.*

7 AGE *18* yrs. *4* mos. *4* ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
acute nephritis & sepsis
131
119
(Duration) yrs. mos. ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work *Culcar*
(b) General nature of industry, business, or establishment in which employed (or employer) *Labor*

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) *J. S. Haney* M. D.
April 2, 1914 (Address) *Flat River Mo*

9 BIRTHPLACE (City or town, State or foreign country) *Desloge Mo*

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

PARENTS 10 NAME OF FATHER *Joseph Degonia*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Polosie Mo*
12 MAIDEN NAME OF MOTHER *Mary Degonia*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Polosie Mo*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Thomas Degonia*
(Address) *Desloge Mo*

19 PLACE OF BURIAL OR REMOVAL *St. Francois* DATE OF BURIAL *April 18, 1914*

15 Filed *4/18* 191*6* *Gurson* Registrar

20 UNDERTAKER *H. H. Kinke* ADDRESS *Flat River*

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

Revised United States Standard of Death

[Approved by U. S. Census and American Pa
Association.]

Statement of occupation.—Precise s
occupation is very important, so that
healthfulness of various pursuits can be k
question applies to each and every person,
of age. For many occupations a single w
on the first line will be sufficient, e. g.,
*Planter, Physician, Compositor, Architect,
engineer, Civil engineer.*

Coal mine, etc. Women at home, who a
in the duties of the household only (not p
keepers who receive a definite salary), may
as *Housewife, Housework, or At home,* and
not gainfully employed, as *At school* or
Care should be taken to report specifically
pations of persons engaged in domestic s
wages, as *Servant, Cook, Housemaid, et*
occupation has been changed or given up o
of the DISEASE CAUSING DEATH; state occu
beginning of illness. If retired from busin
fact may be indicated thus: *Farmer (retir*
For persons who have no occupation
write *None*.

Statement of cause of death.—Na
the DISEASE CAUSING DEATH (the primary
with respect to time and causation), using a
same accepted term for the same disease. I
Cerebrospinal fever (the only definite sy
"Epidemic cerebrospinal meningitis"); I
(avoid use of "Croup"); *Typhoid fever* (né

fact may be indicate
For persons who h
write *None*.
Statement of c
the DISEASE CAUSING
with respect to time a
same accepted term fo

id pneumonia"); *Lobar pneumonia; Broncho-*
nia ("Pneumonia," unqualified, is indefinite);
losis of lungs, meningés, peritonaeum, etc.,
ma, Sarcoma, etc., of (name
'Cancer' is less definite; avoid use of "Tumor"
ignant neoplasms): *Measles; Whooping cough;*

weakness, etc., when a definite
can be ascertained as the cause. Always
all diseases resulting from childbirth or mis-
as "PUERPERAL septicaemia," "PUERPERAL
is," etc. State cause for which surgical oper-
as undertaken. For VIOLENT DEATHS state
OF INJURY and qualify as ACCIDENTAL, SUI-
OR HOMICIDAL, or as, probably such, if impos-
determine definitely. Examples: *Accidental*
g; Struck by railway train—accident; Revolver
if head—homicide; Poisoned by carbolic acid—
suicide. The nature of the injury, as
of skull, and consequences (e. g., *sepsis,*
may be stated under the head of "Con-
y." (Recommendations on statement of
death approved by Committee on Nomen-
of the American Medical Association.)