R 25 1928

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

Do not use this space.

9493

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township — Primary Registration District No. 3022 — Registered No. 34
City De Soto (No. ..... St. ..... Ward)

2. FULL NAME Howard Eugene De Clue
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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: m
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) De Soto
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Howard De Clue
11. BIRTHPLACE OF FATHER (CITY OR TOWN) De Soto
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Alta Maness
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kingston
(STATE OR COUNTRY) Mo

14. INFORMANT Howard De Clue
(Address) De Soto Mo

15. FILED 3/27 1928 D L Ruggley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1928, to March 20, 1928, that I last saw him alive on March 13, 1928, and that death occurred, on the date stated above, at 4 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculous Meningitis
24 D
24 D (duration) wt known yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Walter E Gibson, M. D
March 20, 1928 (Address) De Soto, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City Cemetery — DATE OF BURIAL: Mar 22 1928

20. UNDERTAKER: C H Barnhart — ADDRESS: De Soto Mo

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.