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

Do not use this space.

16307

1. PLACE OF DEATH
County: Buchanan
Township: Washington
City: ~~St. Joseph~~, (No. County Infirmary St. Ward)
Registration District No. 86
Primary Registration District No. 5127
File No.
Registered No. 2728

2. FULL NAME: Peter DeShon
(a) Residence. No. St. Joseph, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1845
7. AGE: About 83 Years; Months: 0; Days: 0; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): County Infirmary Records

15. Filed May 11, 1928 J. J. Bausbach, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 7, 1928
17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1928, to May 6, 1928, that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above, at 8.30 P.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
97
162 Arterio Sclerosis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senile Dementia
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. E. Holley, M.D.
5/11, 1928 (Address) 822 Edmond St Joseph 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: Ashland Cemetery
DATE OF BURIAL: May, 11, 1928
20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.

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.