

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

Do not use this space.

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.

1. PLACE OF DEATH  
County Jefferson Registration District No. 421 File No. 24242  
Township Joachim Primary Registration District No. 55-75- Registered No. 59  
City Crystal City (No. ....) St. .... Ward)

2. FULL NAME William Blanford Derosse  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant  
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Infant  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1927  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 15  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) Infant  
(c) Name of employer Infant

9. BIRTHPLACE (CITY OR TOWN) Crystal City Mo  
(STATE OR COUNTRY) Jefferson

10. NAME OF FATHER L. Derosse  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Ida Royer  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Ida Derosse  
(Address) Crystal City Mo.

15. FILED 7/13 1928 J. E. Pate  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1928  
17. I HEREBY CERTIFY That I attended deceased from July 7, 1928 to July 11, 1928  
that I last saw alive on July 11, 1928 and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Summer Diarrhea  
113 B  
119 B  
118  
106 B  
CONTRIBUTORY (SECONDARY) Acute Bronchitis following Influenza about 8  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. Derosse, M. D.  
July 12, 1928 (Address) Crystal City 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 Festus Mo. DATE OF BURIAL July 13 1928

20. UNDERTAKER Duester & Ungard ADDRESS Festus Mo

