

NOV 20 1928

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

Do not use this space.

33031

1. PLACE OF DEATH

County Chautauq  
Township Meador  
City..... (No.....)..... St..... Ward.....

Registration District No. 172  
Primary Registration District No. 5238

File No.....  
Registered No. 13

2. FULL NAME

Eddie Lee Deane

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 0 22

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

9. BIRTHPLACE (CITY OR TOWN) Brunswick  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Edward Deane

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Copeland  
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Emma Vandenberg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Day City  
(STATE OR COUNTRY) Mo.

14. INFORMANT Edward Deane  
(Address) Brunswick, Mo.

15. FILED 10/4/28 W.D. West  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 19 28

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 5:10 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Accident by electrocuted by contact with line wire  
1928 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 196 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS:  
(Signed) W.D. West, M.D.  
#18 / 4. 1928 (Address) Meador, 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 Dalton Mo DATE OF BURIAL Oct 5 1928

20. UNDERTAKER L. Maxine Brueser ADDRESS 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.

WHILE FILLING IN, WITH CHANGING INSTANCES IS A PERMANENT RECORD

