JAN 21 1929

6

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

Do not use this space.

39294

1. PLACE OF DEATH

County Andrew County — Registration District No. 13 — File No. 93

Township Jefferson. — Primary Registration District No. 5017 — Registered No.

City Avenue City. (No. 1 Miles S.W. of Avenue City. St. Ward)

2. FULL NAME Zotique Laderoute.

(a) Residence. No. 1 Mile S.W. of Avenue City. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31, 1847.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	11	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Montreal
(STATE OR COUNTRY) Canada.

PARENTS

10. NAME OF FATHER: Unknown.

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

12. MAIDEN NAME OF MOTHER: Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Orie Laderoute.
(Address) St. Joseph Missouri.

15. FILED Dec 20, 1928 C O Jefferies MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 19, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 19, 1928 that I last saw h alive on Dec 19, 1928, and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11A

107A

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Bronchi Pneumonia

(duration) yrs. mos. 3 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) J D Allemann, M. D

12/20, 1928 (Address) 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: Mount Olivet Cemetery.

DATE OF BURIAL: Dec 21, 1928

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union 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.