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

Do not use this space.

9103

File No.
Registered No.

1. PLACE OF DEATH
County: Saline
Township: Salt fork
City: (No. St. Ward)
Registration District No. 798
Primary Registration District No. 6041

2. FULL NAME: John Joseph Desmond
(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.

MAR 27 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): april 29 1887

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	9	28	

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): Concordia
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Dennis Desmond
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dublin
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Leland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland

14. INFORMANT: Julia Ladewhite
(Address): Blue Lick - Mo.

15. FILED 3/1, 1929 Mrs Hall Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-10, 1929, to 2-28, 1929, that I last saw h. alive on 2-20, 1929, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93B
82A Apoplexy
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: JOB —
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) Ross Kennedy, M. D.
2-28, 1929 (Address) Marshall 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: St. Marys Cem Shackelford
DATE OF BURIAL: Mar. 2 1929

20. UNDERTAKER: R. R. Vandiner
ADDRESS: Marshall Mo.