

SUN 28 1929

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

Do not use this space.

15820

1. PLACE OF DEATH
 County St. Louis Registration District No. 785 File No. 15820
 Township Emmanuel Primary Registration District No. 6031 Registered No. 81
 City Tison (No.) St. Ward)

2. FULL NAME Ramond De Clue
 (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) Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/23/1927

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
1 8 5

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

9. BIRTHPLACE (CITY OR TOWN) Pacific (STATE OR COUNTRY)
 10. NAME OF FATHER John De Clue
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maselle (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Prager
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY)
 14. INFORMANT John De Clue (Address) Tison Station
 15. FILED 6/10 1929 C. E. Barner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1929
 I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injury pending
20 PM (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (R.R. accident) (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? Tison Station
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physic sign
 (Signed) J. E. Small, M. D.
 (Address) Tison Station
 *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 Cathern Cemetery Pacific Mo DATE OF BURIAL Apr 30 1929
 20. UNDERTAKER John J. Koch ADDRESS Tenton 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.

PERMITS RECORD

