

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

Do not use this space.

JUN 26 1929

18750

1. PLACE OF DEATH  
 County Madison Registration District No. 584  
 Township Mill La Motte Primary Registration District No. 6250  
 City Mill La Motte (No. ....) St. .... Ward ....

2. FULL NAME Louis Napoleon DeGuerre  
 (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 M- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 9 5 -

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

10. NAME OF FATHER Wm DeGuerre

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

12. MAIDEN NAME OF MOTHER Cornelia Gallaly

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

14. INFORMANT Mrs Louisa DeGuerre  
 (Address) Mill La Motte Mo

15. FILE NO. 114 31 1924 C. U. Deuss REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1929

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..... 1 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Failure  
Coronary Artery  
1350 (duration)..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Kidney (duration) 1 yrs. .... mos. .... ds.

18. WHETHER DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 8/20/50  
 DID AN OPERATION PRECEDE DEATH? in g. surg.

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. H. Davis Coronary  
 , 19 (Address) 70 Chestnut 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 DATE OF BURIAL  
P.O. Florence, Fredericktown 5/11/29

20. UNDERTAKER Edi Hebb ADDRESS Fredericktown Mo

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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