

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

Do not use this space.

33095

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 2637 State St.)

File No. \_\_\_\_\_  
Registered No. 11250 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jesse M. DeShon

(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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Ida B. DeShon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>47</u>	<u>10</u>	<u>13</u>	

**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)**

(STATE OR COUNTRY) Buchanan Co., Mo.

PARENTS

10. NAME OF FATHER Freeland H. DeShon

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

12. MAIDEN NAME OF MOTHER Martha E. Fitzgerald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) Buchanan Co., Mo.

14. INFORMANT Mrs. Ida B. DeShon

(Address) 2637 State St.

15. FILED 11/2 19 29 John G. [Signature]  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from 6 hr  
May 1929, to 30 hr Oct, 1929  
that I last saw h. in alive on 30 hr Oct, 1929, and that death occurred, on the date stated above, at 12.05 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

16.8 Cancer of Stomach (inoperable)

(duration) one yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Granitic

(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical + autopsy  
(Signed) Alway H. Foreman, M. D.

10/31, 1929 (Address) 215 P. S. Old, 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

DATE OF BURIAL

Memorial Park Cemetery

Nov. 2, 1929

20. UNDERTAKER

ADDRESS

Walter Meierhoffer 1302 Faraon 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.

