

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

Do not use this space.

37523

1. PLACE OF DEATH

County Gascon Registration District No. 411
 Township Boalena Primary Registration District No. 2002
 City Jefferson No. 1724 Pearl St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1929 to Nov 7 1929 that I last saw him alive on Nov 4 1929 and that death occurred, on the date stated above, at about 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3, 1861
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
68. 10 1

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain that resulted of head - suicide
167

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

CONTRIBUTORY (SECONDARY) 170
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER James Dismore

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

20. WAS THERE AN AUTOPSY? _____

12. MARRIAGE NAME OF FATHER Wadsetter

21. WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Wm Dismore
174 (Address) Coroner

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

14. INFORMANT Effie Dismore
 (Address) Jefferson Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Cem DATE OF BURIAL 11-6-29

15. FILED 11/6 1929 A Benson Clark
 REGISTRAR

20. UNDERTAKER Neuland & Sons ADDRESS Jefferson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied.

