

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

Do not use this space.

11750

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township _____ Primary Registration District No. 1001

City St. Joseph (No. 412 Edmond) _____

File No. _____
Registered No. 461
St. _____ Ward _____

2. FULL NAME

Edward A. Disque,
(a) Residence, No. 1820 Ashland Avenue, St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1880

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
49	10	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None,
(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) Chillicothe, Ohio,

10. NAME OF FATHER G. A. Disque

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky,

12. MAIDEN NAME OF MOTHER Lydia C. Gartner

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

14. INFORMANT Mrs. Lydia C. Disque
(Address) 1820 Ashland Avenue,

15. FILED 14 1930 19 _____
John B. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 19 30

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, on the date stated above, at _____ m.
Viewed on 12:15 p

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

CONTRIBUTORY (SECONDARY) 90a
(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? no

WHAT TEST CONFIRMED DIAGNOSIS? History
B.W. Padlock Coroner, M. D.
4/14, 19 30 (Address) 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 Mount Morax Cemetery DATE OF BURIAL Apr. 15, 19 30
20. UNDERTAKER Heaton-Belcher & Co. ADDRESS 319 S. 10 St.
Funeral Home

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION as stated EXACTLY. PHYSICIANS should state every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state every item of information should be carefully supplied. AGE should be stated EXACTLY.

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