OCT 31 1930

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

Do not use this space.

~~30707~~ 30708

File No. 46

Registered No.

**1. PLACE OF DEATH**

County Perry

Township Central

City Perryville (No. ..... St. ..... Ward)

Registration District No. 660

Primary Registration District No. 4396

**2. FULL NAME** Joseph N. Gagnepain

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Cecelia Gagnepain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 1859

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 71 | 7 | 18 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(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) Perry Co, Mo.

PARENTS

10. NAME OF FATHER Frank Gagnepain

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

12. MAIDEN NAME OF MOTHER Elizabeth Goos

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

14. INFORMANT Emmett Gagnepain
(Address) Perryville, Mo.

15. FILED 9/18 30. 1930 Ben J. Meeker REGISTRAR
Jon Meeker x

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1930, 19..., to Sept 17 1930, 19..., that I last saw him alive on Sept 17 1930, 19..., and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

6 hr (duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (SECONDARY) .....
(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? clinical

(Signed) J. H. Bailey, M. D.

, 19 (Address) Perryville, 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 Hope Cemetery

DATE OF BURIAL Sept 19, 1930

20. UNDERTAKER Zellner & Young Undertakers

ADDRESS Perryville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD