

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

Do not use this space.

8567

**PLACE OF DEATH**

County Wasson  
Township Washington  
City Washington (No. 4)

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. 59  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ike Deen

(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) unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK. 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work laborer 237  
(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) Mo 1

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT State Hosp Record (Address) Neada Mo

15. FILE 3-10 19 31 E.R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931

17. HEREBY CERTIFY, That I attended deceased from Aug 15, 1930 to Feb 11, 1931 that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at 5 a m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
825A

77 Central Nervous System (duration) yrs. mos. 1 ds.

CONTRIBUTORY Astero's Sclerosis (SECONDARY) (duration) yrs. 9+ mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF Q  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) E. K. Coan, M. D.

2-11-1931 (Address) Neada 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 Hospital DATE OF BURIAL Feb 13 1931

20. UNDERTAKER Genevieve Home Nevada ADDRESS

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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1931  
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