

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

Do not use this space.

13308

**1. PLACE OF DEATH**

11 County Buchanan Registration District No. 85  
 5 Township ..... Primary Registration District No. 1001  
 9 City St. Joseph (No. 1410 South 25 street)

File No. ....  
 Registered No. 476  
 St. .... Ward)

**2. FULL NAME** Frank Joseph Deget

(a) Residence. No. 1419 so. 25 street St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 27 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) October 3, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
25 6 27

**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) St. Joseph (STATE OR COUNTRY) Missouri

**PARENTS**  
 10. NAME OF FATHER Florin Deget  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Minnie Bockelman  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

14. INFORMANT Florin Deget (Address) 1419 so. 25 street. - St. Joseph Mo.

15. MAY 4 1931 John R. Bender REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to April 30, 1931 that I last saw him alive on April 30, 1931, and that death occurred, on the date stated above, at 4/40 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dilatation of Heart aortic  
95  
95 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

Epilepsy (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.....  
 (Signed) W. H. Francis, M. D.

May 1 1931 (Address) 1704 Ballinger Bldg

\*State the DISEASE CAUSING DEATH, or in death due to VIOLENCE CAUSE OF LIFE (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL May 4 1931

20. UNDERTAKER H. O. Schupfader ADDRESS 1802 Union st.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. MAY 2 1 1931

