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

Do not use this space.

28798

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Madison — Registration District No. 038

Township: ..... — Primary Registration District No. 3024

City: Fredericktown (Ward) ..... St. .....

2. FULL NAME: Joseph Philip DeGuire

(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.

SEP 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Lunsford DeGuire

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 1-1873

7. AGE: Years 58 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Madison Co.

(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Wm DeGuire

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....

(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Cornelia Galladay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Genevieve Co

(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Belle DeGuire

(Address): Fredericktown Mo

15. FILED: 8/21, 1931 — Registrar: C. U. Burks

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1931, to Aug. 13, 1931, that I last saw him alive on Aug. 13, 1931, and that death occurred, on the date stated above, at 6:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

1931

11 mo

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Gastric ulcer

(duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M. B. Barber, M. D

8/13, 1931 (Address) Fredericktown 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: Catholic Cemetery Fredericktown — DATE OF BURIAL: 8/15 1931

20. UNDERTAKER: Ed. H. Webb — ADDRESS: Fredericktown 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