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

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.

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi Registration District No. 567 File No. 41587
Township Primary Registration District No. 4334 Registered No. 96
City East Prairie (No. mo St. Ward)

2. FULL NAME Harold Albert Desgranger
(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 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) July 31-1915
7. AGE YEARS 16 MONTHS 4 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 184
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co Mo

FATHER
13. NAME Jacob John Desgranger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co. Mo

MOTHER
15. MAIDEN NAME Anna Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Frankfort Ill

17. INFORMANT (ADDRESS) Anna Desgranger East Prairie Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Degwood DATE 1/20 1931
19. UNDERTAKER (ADDRESS) Travis Sheets East Prairie Mo
20. FILED Dec 21 1931 Duff M Hodge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20th, 1931
22. I HEREBY CERTIFY, That I attended deceased from Inquest, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:
Accidently Killed by shot gun
was shot by shot gun in hands of another day while cut hunting
Date of onset
Other contributory causes of importance: 184
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 20, 1931
Where did injury occur? half mile south East of East Prairie Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury shot gun wound
Nature of injury gun shot in throat.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank A Vernon, M. D.
(Address) Charleston Mo Coroner