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

Do not use this space.

1684

File No.
Registered No. 54

1. PLACE OF DEATH
58 County Linn Registration District No. 503
Township Parson Creek Primary Registration District No. 5669
City (No. St. Ward)

2. FULL NAME John Wesley Deem
(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 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FEB 24 1932

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.

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) Jan. 24-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	11	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Construction
(b) General nature of industry, business, or establishment in which employed (or employer) Wabash R.R. Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gallipolis
(STATE OR COUNTRY) Ohio 2

PARENTS
10. NAME OF FATHER Thomas Deem
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England 8
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Julia James
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gallipolis
(STATE OR COUNTRY) Ohio. 2

14. INFORMANT C. W. Deem
(Address) Fountain Grove

15. FILED 1-21, 1932 S F Weir
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Jan 20, 1932 that I last saw him alive on Jan 17, 1932 and that death occurred, on the date stated above, at 3-30- A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Renal insufficiency
131
95 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) J W Hardy, M. D.
1/20, 1932 (Address) Linn 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 Meadville Mo. DATE OF BURIAL Jan. 21-32

20. UNDERTAKER Smiley Bros ADDRESS Meadville Mo