

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

Do not use this space.

25564

**1. PLACE OF DEATH**

14 County Ballawoz Registration District No. 105  
Township St. Aubert Primary Registration District No. 513-4  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 29

**2. FULL NAME**

(a) Residence, No. Henry Case  
(Usual place of abode) Courty Despernay (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) 6-25-1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 1 26  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Ironmaster party Despernay  
(b) General nature of industry, business, or establishment in which employed (or employer) Exp. Farmer  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER 1

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

14. INFORMANT Ed Thompson  
(Address) R# 9 Fulton Mo

15. FILED 8-21-32 W.H. Williams REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-20 1932

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Aug 20, 1932 that I last saw him alive on Aug 17, 1932 and that death occurred, on the date stated above, at 9 m.

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

Arctic resuscitation of Heart

97A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W. O. Payne, M. D.

, 19 (Address) R# 9 Fulton 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 Courty Despernay DATE OF BURIAL 8-21 1932

20. UNDERTAKER Ed Thompson ADDRESS R# 9 Fulton

SEP 21 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.

