

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.

MAY 22 1933

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

Do not use this space.

13732

1. PLACE OF DEATH

54 County Papayette
Township Washington
City Washington (No. 14)

Registration District No. 461
Primary Registration District No. 3034

File No. 42
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William M. DeJurel

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathie DeJurel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 22, 1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>07</u>
	DAYS <u>03</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	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) <u>France</u>		
MOTHER	13. NAME <u>Nicholas DeJurel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	15. MAIDEN NAME <u>Marie Peron</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT <u>Wm. DeJurel</u> (ADDRESS) <u>Washington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Mo</u> DATE <u>April 7, 1933</u>		
19. UNDERTAKER <u>Conrad Ziegler</u> (ADDRESS) <u>Washington Mo</u>		
20. FILED <u>April 26, 1933</u> <u>Mrs. Weren Bates</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to April 25, 1933
I last saw him alive on April 25, 1933 Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Insufficiency Date of onset 1931
930
953
Other contributory causes of importance:
Chronic Hyperuricemia
nephritis and degenerative myocarditis.

Name of operation _____ 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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. M. DeJurel, M. D.
(Address) Washington Mo.

