

MARGIN RESERVED FOR BINDING

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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
 County Ralls Registration District No. 725
 Township Center Primary Registration District No. 4431
 City Center (No. _____) St. _____ Ward _____

2. FULL NAME Serge Antonine DeLoarte
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 17501

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kaming DeLoarte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1875

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>58</u> | <u>4</u> | <u>11</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Second business

10. Date deceased last worked at this occupation (month and year) May 18 1932 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

FATHER

13. NAME August DeLoarte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Martzloff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Sam C DeLoarte

18. BURIAL, CREMATION, OR REMOVAL PLACE LaSalle DATE May 21 1933

19. UNDERTAKER (ADDRESS) J. T. Howard

20. FILED May 20 1933 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15 1933, to May 18 1933. I last saw him alive on May 15 1933. Death is said to have occurred on the date stated above, at 3:30 P.M.. The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis of coronary artery

Date of onset 2 to 3 yrs.

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No

If so, specify _____ (Signed) W. F. Batts, M. D. (Address) Center, Mo.

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