

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

Do not use this space.

26530
3308

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Waverly Primary Registration District No. _____
City Jackson City (No. St. Vincent's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5107612 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 17-33 @ 10³⁰ a.m.</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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>N. C. Mo.</u>		
FATHER	13. NAME <u>Jos Ernest Deuser Jr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Helen Mae Scott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis City Iowa</u>	
17. INFORMANT <u>John E. Deuser Jr.</u> (ADDRESS) <u>5107 12th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany Mo.</u> DATE <u>8 20 33</u>		
19. UNDERTAKER <u>Clyde Funeral Home</u> (ADDRESS) <u>1800 Fairwood Bldg</u>		
20. FILED <u>8-19-1933</u> <u>M. M. Grant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH Sat

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933 to Aug 19, 1933
I last saw him alive on Aug 19, 1933; Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral lacer injuries

Date of onset

Aug 17

Other contributory causes of importance:

(Name of operation) _____ Date of _____
What test confirmed diagnosis Physic. find. Was there an autopsy? no
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) Harry E. Lamm, M. D.
(Address) 1714 Professional Bldg

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.

SEP 26 1933

