

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.

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

Do not use this space.

42025-a

FEB 11 1936

1. PLACE OF DEATH

County

Township

City

Registration District No. 791

Primary Registration District No. 1008

File No. 1050

Registered No.

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Gus Deggits

St. ... Ward 22
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. *abt 59*

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

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

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) *Greece*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Step ...*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *City Cemetery 1/31/36*

19. UNDERTAKER (ADDRESS) *City ...*

20. FILED *1050* 19 *36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/24 1936*

I HEREBY CERTIFY, That I attended deceased from *1/11* 19 *36* to *1/24* 19 *36*

I last saw him alive on *1/24/36* 19 *36*. Death is said to have occurred on the date stated above, at *1/24/36*

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

Sepsisemia following Cellulitis of left leg - non-traumatic cause

Other contributory causes of importance: *hyp. Prostate Bladder Stone*

Name of operation *Lipstomy* Date of *10/8/35*

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.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *G. J. ...* M. D.

(Address) *City ...*

Registrar.

