

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.

OCT 21 1936

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

Do not use this space.

34108

1. PLACE OF DEATH

County Henry Registration District No. 309
Township Primary Registration District No. 4185
City Albany (No.) (If nonresident, give city or town and State)
St. Ward)

2. FULL NAME

Joseph H. Degginger
(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>Bernice Flowers Degginger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1895</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>5</u>
		DAYS
		<u>24</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.....
	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).....	

12. BIRTHPLACE (CITY OR TOWN) Henry County
(STATE OR COUNTRY) Missouri13. NAME J. H. Degginger14. BIRTHPLACE (CITY OR TOWN) Winkelman
(STATE OR COUNTRY) Germany15. MAIDEN NAME Jennie Lindel16. BIRTHPLACE (CITY OR TOWN) Henry Co.
(STATE OR COUNTRY) Mo.17. INFORMANT Dale Flowers
(ADDRESS) Albany, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE Sept. 29, 193619. UNDERTAKER Clifford Brooks
(ADDRESS) Albany, Mo.20. FILE Sept. 1, 1936 W. P. Marsh
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20-1936, to 9-27-1936
I last saw him alive on 9-27-1936. Death is said to have occurred on the date stated above, at 10-A.M.
The principal cause of death and related causes of importance were as follows:

Aortic AneurismDate of onset June 3, 1936

Other contributory causes of importance:
Preparation of aneurism into fracture

Name of operation amputation into heart Date of
What test confirmed diagnosis? amputation into heart Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Q Date of injury....., 19.....
Where did injury occur? Q (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Q
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank H. Rose, M. D.
(Address) Albany, Mo.

