

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

Do not use this space.

FEB 15 1937

321

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 86
Primary Registration District No. 5727

File No. _____
Registered No. 2
(If nonresident, give city or town and State)

(N. 3 Miles East on Mitchell Ave. Road R.F.D. #4 Ward)

2. FULL NAME Alexander Jefferson DeShon

(a) Residence, No. R.F.D. No 4 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Cora M. DeShon		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1861.		
7. AGE YEARS 75	MONTHS 9	DAYS 13
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm	
	10. Date deceased last worked at this occupation (month and year) 1937.	
FATHER	11. Total time (years) spent in this occupation. ?	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxton Missouri	
	13. NAME Newton DeShon	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia	
	15. MAIDEN NAME Mary Buckley	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia	
17. INFORMANT (ADDRESS) Mrs. Cora M. DeShon R.F.D. #4, St. Joseph, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. St. Joseph, Mo. DATE January 18, 1937.		
19. UNDERTAKER (ADDRESS) H.O. Sidenfaden 1802 Union Str. St. Joseph, Mo.		
20. FILED Jan 16, 1937 B. W. Tadlock M.D. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 15, 1937.**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15 - 1937** to **Jan 15, 1937**

I last saw him alive on **Jan 15, 1937** Death is said to have occurred on the date stated above, at **10:00 A.M.**

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

Chronic Myocarditis Date of onset **1935**
Coronary Disease **1936**

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? **Clinical** 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? **No**

If so, specify _____
(Signed) **J. M. Adams** M. D.
(Address) **St. Joseph, Mo.**

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.

