

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

Do not use this space.

1914

1. PLACE OF DEATH

County Barry Registration District No. 30 File No. _____
 Township Copper Creek Primary Registration District No. 5041 Registered No. 9
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Donald Darrell Deusing
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938 to Jan 8, 1938

I last saw him alive on Jan. 8, 1938 Death is said to have occurred on the date stated above, at 4:35a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1936

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 7 15

Peritonitis
Possible ruptured appendix
 Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Mo.

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

FATHER
 13. NAME Edward Deusing

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

MOTHER
 15. MAIDEN NAME Martha McNamee

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

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)

17. INFORMANT (ADDRESS) Edward Deusing
Deuce City Mo.

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL Deuce City Mo.

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER (ADDRESS) Wm. Spurrill Jr.
Deuce City Mo.

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

20. FILED 1-16- 1938 W. W. West
 Registrar

(Signed) L. Mason Lyons, M. D.
 (Address) Pierce City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 MO. STATE BOARD OF HEALTH

