

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

Do not use this space.

4275

1. PLACE OF DEATH
 98 County Schuyler Registration District No. 8125
 Township Independence Primary Registration District No. 10007 File No. _____
 City _____ (No. _____) St. _____ Ward _____ Registered No. _____

2. FULL NAME Earl Eugene Derigo 620
 (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 12 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 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 Josephine Derigo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>2</u>	<u>8</u>	

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. _____

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) Schuyler Co. Missouri

13. NAME Charles Derigo

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

15. MAIDEN NAME Belle Marion

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

17. INFORMANT (ADDRESS) Mrs. Grace Lasker, Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES 2007 DATE Feb 7 1938

19. UNDERTAKER (ADDRESS) Paul Morehead, Lancaster, Mo.

20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1938 to Feb 5 1938
 I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Struck by lightning
 Date of onset _____

Other contributory causes of importance: 1010

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Feb 5, 1938
 Where did injury occur? 8 miles east of Queen City, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by lightning
 Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) F. D. Downing, Jr., Coroner M. D.
 (Address) Downing, 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.

APR 23 1948

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Mo

50

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4275
Do not use this space.

1. PLACE OF DEATH
 (a) County Schuyler Registration District No. 802
 (b) Township Independence Primary Registration District No. 6047 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Earl Eugene Perigo
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Perigo
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1906
 7. AGE YEARS 37 MONTHS 2 DAYS 8 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Schuyler, Missouri
 FATHER 13. NAME Charles Perigo
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Belle Mason
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Mrs. Gladys Harley Lancaster no
 18. BURIAL, CREMATION, OR REMOVAL PLACE P.O., O.F. DATE Feb 7, 1938
 19. FUNERAL DIRECTOR (ADDRESS) True Morehead Lancaster no
 20. FILED Feb 7, 1938 St. G. Gerwig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 5-1938 to Feb 5-1938
 I last saw him alive on Feb 5-1938, 19..... Death is said to have occurred on the date stated above, at 9-A a.m.
 The principal cause of death and related causes of importance were as follows:
Struck by lightning
 Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 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? accident Date of injury Feb 5, 1938
 Where did injury occur? 8 mi. East of Independence, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Struck by lightning
 Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. De Vunney M. D. (Address) Downing

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1938