

REC'D MAR 22 1938

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

Do not use this space.

7665

76
3 1. PLACE OF DEATH
0 County Craig Registration District No. 1184
Township _____ Primary Registration District No. 58519
City Facility (No. _____) 4558 St. _____ Ward _____
2. FULL NAME Mr. A. Deegson 250
(a) Residence, No. Facility 100 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 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 Flori. Deegson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1938

22. I HEREBY CERTIFY That I attended deceased from 17.02 1937 to Jan 15, 1938
I last saw h. alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 2 P m.

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

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

Chronic Nephritis
Date of onset _____

Other contributory causes of importance: 131

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Mo13. NAME Michael Deegson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deceased15. MAIDEN NAME Mary McCabe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Mr. Flori Deegson (ADDRESS) Facility 10018. BURIAL, CREMATION, OR REMOVAL PLACE Facility DATE Jan 17 193819. UNDERTAKER Carl Berninghaus (ADDRESS) Facility 10020. FILED Feb 9 - 1938 Miss D.M. Quechler Registrar. 574

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? _____

If so, specify _____ (Signatures) W. B. A. Baschler, M. D. (Address) Facility 100

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

