

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

*W.C. Evans*

REC'D JUN 24 1938

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

19398  
Do not use this space.

1. PLACE OF DEATH  
 (a) County *St. Francois* Registration District No. *775*  
 (b) Township *Marion* Primary Registration District No. *6022*  
 (c) City *R.F.D. Bonne Terre* (d) Street No. \_\_\_\_\_ Registered No. *42*  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME *Zeno Edward Herlagou* *1.47.*  
 (a) Residence, No. *RFD-1 Bonne Terre Mo* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 *Margaret Ann Herlagou*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 30, 1862*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>76</i>	<i>1</i>	<i>13</i>	

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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Dec - 36 to May 13 - 1938*

I last saw him alive on *May 12* 19*38* Death is said to have occurred on the date stated above, at *10:30 A.M.*

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

Date of onset *unknown*

Other contributory causes of importance: *121*

12. BIRTHPLACE (CITY OR TOWN) *St. Francois Co. Missouri*  
 (STATE OR COUNTRY)

FATHER  
 13. NAME *James C. Herlagou*  
 14. BIRTHPLACE (CITY OR TOWN) *Madison Co. Missouri*  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME *Mary Palmer*  
 16. BIRTHPLACE (CITY OR TOWN) *Brown County Missouri*  
 (STATE OR COUNTRY)

17. INFORMANT (NAME) *Monroe Herlagou*  
 (ADDRESS) *R-1 Bonne Terre Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maven Chapel* DATE *May 15, 1938*

19. FUNERAL DIRECTOR (NAME) *Benham Undert Co*  
 (ADDRESS) *Bonne Terre Mo*

20. FILED *May 14* 19*38*  
 Local Registrar.

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? \_\_\_\_\_ 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) *W.C. Evans* M. D.  
 (Address) *Bonne Terre Mo*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*P. L. Berham*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*P. L. Berham*

Licensed Embalmer No.

*3376*

P. O. Address

*Bonne Terre, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

19398  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Francis Registration District No. 775-  
(b) Township Marion Primary Registration District No. 6022 Registered No. ....  
(c) City..... (d) Street No.....  
(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 Zena Edward Kerlagow  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>76</u>	<u>1</u>	<u>3</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
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)

FATHER

13. NAME  
14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)  
20. FILED May 14 1938 H.W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:  
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?..... 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..... (Signed) A. L. Upus, M. D.  
(Address) Bonne Terre

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

