

550 FEB 6

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

4229
Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
(b) Township Patton Primary Registration District No. 6179 Registered No. _____
(c) City Jackson Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 John B. Degonia

(a) Residence, No. 250 St. (Usual place of abode, if no street address, write county or city) (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 (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 28

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) Washington Mo

FATHER
13. NAME Antonio Degonia

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

MOTHER
15. MAIDEN NAME Rosie Bass

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

17. INFORMANT (ADDRESS) Lucile Ward Patton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Creek DATE Jan 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Patton Mo

20. FILED Jan 30 1939 G. T. Cresswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 1-23, 1939

I last saw him alive on 1-16-39, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

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

Lobar pneumonia
Date of onset 10

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 _____, 1939

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 Joseph L. Thurman, M. D.
(Signed) Patton, Mo. (Address)

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.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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

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