MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. No. 8

REC'D APR 15 1939

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

Do not use this space.

10984

1. PLACE OF DEATH
County Holt
Township Lincoln
City Corning (No. ..... St. ..... Ward)
Registration District No. 368
Primary Registration District No. 5514
File No. .....
Registered No. .....

2. FULL NAME Mr. Henry George Dege
(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1878
7. AGE YEARS 60 MONTHS 8 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. On Farm
10. Date deceased last worked at this occupation (month and year) 3 weeks ago
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Corning Mo.

FATHER
13. NAME Mr. Henry John Dege
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Miss Elizabeth Evers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Corning, Mo.

17. INFORMANT (ADDRESS) Mr. Edward Dege Corning, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Corning DATE 3/20 1939
19. UNDERTAKER (ADDRESS) Schooler Bros. Craig, Mo.
20. FILED 3-27- 1939 Susie Swan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 19, 1939 to March 18, 1939
I last saw him alive on March 17, 1939 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1938

Other contributory causes of importance: 95 P

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) [signature], M. D.
(Address) Craig Mo.

Mail Order No. 111
39-265
APR 10 1939