

FILED JUN 4 1940

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

18097

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 130  
 (b) Township Welch Primary Registration District No. 5-175  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_

## 2. PRINT FULL NAME

265 Peter Leo Lagrand  
 (a) Residence, No. Delta mo 10 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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Phinee Lagrand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott co mo</u>		
FATHER	13. NAME <u>Peter Lagrand</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>9</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>9 9</u>	
17. INFORMANT (ADDRESS) <u>Chas Lagrand</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kenyon</u> DATE <u>19</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Cape Girardeau</u> <u>Seabaugh fun home</u>		
20. FILED <u>May 17 1940</u> <u>mo om Stiller</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10 1940 to May 15 1940.  
 I last saw him alive on May 15 1940 Death is said to have occurred on the date stated above, at 5:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction from hernia Date of onset May 10-40

Other contributory causes of importance:  
Old age 12 1/2 hr

Name of operation herniostomy Date of May 12  
 What test confirmed diagnosis? operative 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 directly related to occupation of deceased?  
 If so, specify not related  
 (Signed) Allen Wade M. D.  
 Address 873

(Licensed Embalmer's Statement on Reverse Side)

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.

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**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 conform with the above constitutes grounds for revocation of license.)**

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