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

Do not use this space.

36311

File No.
Registered No. 42

Registration District No. 347
Primary Registration District No. 5495

1. PLACE OF DEATH
County Henry
Township White Oak
City (No. , St. Ward)

2. FULL NAME Joseph Defeu
(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 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Susie Defeu
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 12-1855
7. AGE: Years 78; Months 2; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Oct 1933
11. Total time (years) spent in this occupation: Per life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

FATHER
13. NAME: Hezekiah Defeu
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Margaret Essig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): H. P. Smith Urich Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Urich Cem. DATE 11-9 1933

19. UNDERTAKER (ADDRESS): H. P. Smith Urich Mo

20. FILED 11/16 1933 Ed C Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1933, to Nov. 2 1933
I last saw h alive on Nov. 1 1933. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
95A	

Other contributory causes of importance: None

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) H. P. Smith, M. D.
(Address) Urich Mo

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.

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