

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

Do not use this space.

39133

1. PLACE OF DEATH

County *Shannon*
Township *Emmons*
City (Name) _____

Registration District No. *824*
Primary Registration District No. *6076*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William J. Deatherage

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov - 11 - 1928*

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

17. I HEREBY CERTIFY, That I attended deceased from *July - 1, 1928*, to *Nov - 11 - 1928*
that I last saw *him* alive on *Nov - 11 - 1928*, and that death occurred, on the date stated above, at *11 a* m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 20 - 1849*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *78 11 21*

apoplexy
7401
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER *A. J. P. Deatherage*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Frank Hyde*, M. D.
11-11, 1928 (Address) *Emmons Mo*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

12. MAIDEN NAME OF MOTHER *Allen*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

14. INFORMANT *A. J. Deatherage* (Address) *Emmons Mo*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Emmons Mo* DATE OF BURIAL *11-12-1928*

15. FILED *11-11-1928* *Frank Hyde* REGISTRAR

20. UNDERTAKER *mine* 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.

