

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

Do not use this space.

24687

1. PLACE OF DEATH

County Reasy  
Township Central  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 660  
Primary Registration District No. 5878

File No. 34  
Registered No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

August C. Prevallet

(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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-27-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 | 10 | 23 | =

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) General farming  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Reasyville, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER John C. Prevallet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Marie A. Jeanest

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY) France

14. INFORMANT Je Prevallet  
(Address) Reasyville, Mo.

15. FILED 7/17/28 Geo J Mecker  
Lon H Mecker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15, 1928

17. I HEREBY CERTIFY That I attended deceased from June 23, 1928 to July 15, 1928  
that I last saw him alive on July 14, 1928, and that death occurred, on the date stated above at 9:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gastro-Enteritis  
117 H  
170 B (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Gastric Ulcer  
(duration) yrs. 4 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? Mo  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms  
(Signed) E. Q. Reidest, M. D.  
, 19 (Address) Reasyville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope Cem. DATE OF BURIAL July 18, 1928

20. UNDERTAKER Felton Young and Co. ADDRESS Reasyville, 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.

