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

Do not use this space.

27384

File No. 3560

Registered No.

1. PLACE OF DEATH U.S.VET.HOSP. #67,
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City, Missouri (U. S. Veterans Hosp. St. Ward)

2. FULL NAME St. Onge, Sifred C- None
(a) Residence. No. Vermillion, South Dakota St. Ward. Pvt.1/c 22nd Engrs.Co.H.3rd Bat
(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: Mrs. Irene St. Onge.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1891.

7. AGE: Years 37 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joe,
(STATE OR COUNTRY) Kansas.

PARENTS
10. NAME OF FATHER Legin St. Onge,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs. Irene St.Onge, Wife,
(Address) Vermillion, South Dakota.

15. FILED 8/17, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1928 to August 16, 1928 that I last saw him alive on August 16, 1928, and that death occurred, on the date stated above, at 2:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Pancreas.

Unknown. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ---
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 6-25-28.
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Autopsy.
(Signed) W. E. Chambers, M. D.
W.E.CHAMBERS, Medical Officer in Chge., U.S.VET.HOSPITAL, Kansas City, 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: Vermillion S Dakota | DATE OF BURIAL: 8/17 1928
20. UNDERTAKER: The Taylor Funeral Home Inc | 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.

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