

JUN 25 1929

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

Do not use this space.

17899

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 75  
St. .... Ward)

2. FULL NAME

Bertiam S. Deo

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela C. Deo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
49 2 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Doct Leavenworth  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Geo. W. Deo

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

12. MAIDEN NAME OF MOTHER Mary W. Deo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leavenworth  
(STATE OR COUNTRY) Kansas

14. INFORMANT Geo S. Deo  
(Address) Nevada, Mo

15. FILED May 10 1929 Dr. E. C. Peelor  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1929

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1929, to May 9, 1929, that I last saw him alive on May 9, 1929, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage followed by hemiplegia

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? Henry Co Mo

19. DID AN OPERATION PRECEDE DEATH? No DATE OF -  
WAS THERE AN AUTOPSY? External

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral  
(Signed) M. C. Stithers, M. D.  
, 19 (Address) Clinton 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 Leavenworth Kan. DATE OF BURIAL May 13 1929

20. UNDERTAKER Sparey & Son ADDRESS Clinton

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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