

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

Do not use this space.

3862

1. PLACE OF DEATH

County Washington
Township Lisabet
City X (No. _____) _____

Registration District No. 887
Primary Registration District No. 6181

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Erasmus E. Zeno DeClue

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 Jane DeClue

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
	<u>74</u>	<u>5</u>	<u>3</u>	

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 himself

9. BIRTHPLACE (CITY OR TOWN) This Co.
(STATE OR COUNTRY) MO

10. NAME OF FATHER Anthony DeClue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) This Co.
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Sarah Boller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) This Co.
(STATE OR COUNTRY) MO

14. INFORMANT Jane DeClue
(Address) Patani, MO.

15. FILED 1-24 1930 Joe. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23-1930

17. I HEREBY CERTIFY, That I attended deceased from _____
April 1, 1929, to Jan 22, 1930,
that I last saw him alive on Jan 22, 1930, and that
death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Prostate Gland
SIC

(duration) 0 yrs. 11 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Est. [Signature], M. D.

1/24 1930 (Address) Patani 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 Pleasant Hill. DATE OF BURIAL 1-25 1930

20. UNDERTAKER Shark's Undertaking ADDRESS Patani, 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.

FEB 20 1930

