

MAY 28 1930

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

Do not use this space.

11462

## 1. PLACE OF DEATH

County Wernan  
Township Washington  
City Nevada (No. ....)

Registration District No. 875  
Primary Registration District No. 6163

File No. ....  
Registered No. 72 St. .... Ward)

## 2. FULL NAME

Morrison G. Deanston

(a) Residence, No. Alba, Missouri St., .... Ward, .....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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

Louisa Allman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D-12-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. 82 + +

## 8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Michigan  
(STATE OR COUNTRY)

10. NAME OF FATHER ?

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

12. MAIDEN NAME OF MOTHER ?

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

## PARENTS

14. INFORMANT State Hospital Records  
(Address)

15. FILED 4/12 1930 E. R. King  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1930, to Mar 6, 1930, that I last saw h. .... alive on Mar 6, 1930, and that death occurred, on the date stated above, at 4:30 P.M. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis

97  
163  
(duration) ? yrs. ? mos. 3 da.  
CONTRIBUTORY Senile Dementia  
(SECONDARY)  
(duration) ? yrs. ? mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED Alba, Mo.  
IF NOT IN PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Wm. Brogan, M. D.

Mar 6, 1930 (Address) Stat Hosp No 3

\*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 Garber, Mo. DATE OF BURIAL 3-8-30

20. UNDERTAKER J. E. Myers ADDRESS Nevada

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

