

JUN 25 1930

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

Do not use this space.

15796

1. PLACE OF DEATH

County Franklin  
Township Central  
City (None)

Registration District No. 294  
Primary Registration District No. V-409-B

File No. \_\_\_\_\_  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Charbonneau

(a) Residence No. Morehouse St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-6 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 9 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Richwoods Mo.  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Louis Charbonneau

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

12. MAIDEN NAME OF MOTHER Harriet Delev

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT (Address) Lara Rutledge  
Flat River, Mo.

15. FILED V-1830 W.E. Wilkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-15 1930, to 5-17 1930, that I last saw him alive on 5-17 1930 and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial nephritis.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Myocarditis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 1290  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

(DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M.H. Dunscomb, M.D.  
118.30 (Address) St. Louis 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 DATE OF BURIAL  
Prospect-Center 118 1930

20. UNDERTAKER ADDRESS  
Ossey & Co. W. Clair

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.

