MAY 18 1936

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

Do not use this space.

14201

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 601

City St. Joseph. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Joseph Duparc

(a) Residence, No. St., Ward. Wathena, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 41 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: Cecile Duparc

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1859

7. AGE: YEARS 76 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Grower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Haute Savoie, France.

FATHER

13. NAME: John Duparc
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savoie, France.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savoie, France

17. INFORMANT (ADDRESS): Mrs. Cecile Duparc, Wathena, Ks.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cemetery DATE Apr. 24, 1936.

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 4-21 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from I saw him 10 minutes, 19
I last saw him alive on before he died. Death is said to have occurred on the date stated above, at 10.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia (Rt)	4/18/36
Other contributory causes of importance: Intestinal Obstruction	4/18/36

Name of operation None — Date of
What test confirmed diagnosis? autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no na
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) 823 Charles St. St. Joseph, 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.