

JUL 13 1936

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

Do not use this space.

22022

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 788

2. FULL NAME

Dwight Stanley Veraguth

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Clarksdale, Mo.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 7, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
9 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.  
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) St. Joseph, Mo.

FATHER 13. NAME Edward Veraguth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

MOTHER 15. MAIDEN NAME Susie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

17. INFORMANT (ADDRESS) Edward Veraguth  
Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE June, 6, 1936,

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

20. FILED 6/6 1936 Ed. J. Meierhoffer  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 5, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29 1936 to June 5 1936

I last saw him alive on June 5 1936 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebellar tumor Date of onset 7. 1935  
(meduloblastoma)

Other contributory causes of importance: Intra cranial edema 6.4.36

Name of operation Cerebellar decompression Date of 6.7.36

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 \_\_\_\_\_, 1936

Where did injury occur? \_\_\_\_\_ Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Ed. J. Meierhoffer, M. D.  
(Address) Kirkpatrick Bldg., St. Joseph, Mo.

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