

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1149
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Canon Primary Registration District No. 1002
 (c) City Kennett (d) Street No. W. C. Gen Hosp St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1622. PRINT FULL NAME Wilson Raymond DeGoche

(a) Residence, No. 3300 Oak Street St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 11 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as 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) Eureka Springs Ark13. NAME Charles DeGoche14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Melba Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Springs Ark17. INFORMANT (NAME) (ADDRESS) Le Roy De Goche
3300 Oak St18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 16 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Wagner
Kennett Mo20. FILED Jan 14 1939 Dr. B. C. Lowe
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1939 to 1-13 1939
 I last saw him alive on 1-13 1939 Death is said to have occurred on the date stated above, at 12:00 m
 The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis with Cavitation
 23

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

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?..... If so, specify.....

(Signed) P. J. De Mars M. D.
Address W. C. Gen Hosp

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.