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.

REC'D FEB 11 1939

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

Do not use this space.

3427

File No. 46

Registered No. 668

1. PLACE OF DEATH

County: Pettis

Township:

City: Sedalia (No. 234 So. Harrison St. Ward) 951

Registration District No. 168

Primary Registration District No. 3032

2. FULL NAME: Pauline Deschamps

(a) Residence, No. 234 So. Harr St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Remi Deschamps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15 - 1860

7. AGE: Years 78 | Months 1 | 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.: 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): Tilly Belgium

FATHER

13. NAME: Alfis Angeley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

MOTHER

15. MAIDEN NAME: Do. Nol Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do nol Know

17. INFORMANT (ADDRESS): Mrs Will Moser Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Crown Hill DATE: Feb 7 1939

19. UNDERTAKER (ADDRESS): McLaughlin Bros 906 Sedalia

20. FILED: Feb 7 1939 Mrs Mary Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20th, 1939, to February 4, 1939

I last saw her alive on February 4, 1939. Death is said to have occurred on the date stated above, at 730 P m.

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

	Date of onset
Chr Myocarditis	?

Other contributory causes of importance:

Influenza and Acute Bronchitis	Jan 20th 1939

Name of operation: None Date of:

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury: ....., 19....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) J. B. Carlisle M.D., M. D.

(Address) Sedalia Mo

2/6/39