DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36438

Registration District No. 420 | Primary Registration District No. 3022 | Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jefferson NOV 7 1939

(b) City or town DeSoto Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 604 S. Third St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 67 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County Jefferson

(c) City or town DeSoto - Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 604 S. Third St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 79 years.

3. (a) PRINT FULL NAME Paul Ernest Duperrette

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emma Gowan

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) - 9 (Day) - 1853 (Year)

8. AGE: Years 86 | Months 5 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace ✓ (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name Paul Duperrette
13. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)

MOTHER
14. Maiden name Louise Mathi
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)

16. (a) Informant's own signature Christena Wynn

(b) Address Festus Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 26 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - DeSoto Mo

18. (a) Signature of funeral director Thee Mothershead

(b) Address DeSoto Mo

19. (a) 10/31/39 (Date received local registrar) (b) Jeneva Donnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1939 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 23, 1939, to Oct 24, 1939; that I last saw him alive on Oct 24, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary thrombosis	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 b

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. P. Engels (M. D. or other) DO

Address DeSoto Mo Date signed 10-25-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

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 Lee Mathurstead

Licensed Embalmer No. 3531

P. O. Address Desoto Mo

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

364438
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson — Registration District No. 420
(b) Township — Primary Registration District No. 3022 — Registered No. 63
(c) City Desoto (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Paul Ernest Duperrette
(a) Residence, No. ..... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Wid

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12/13 1939 Geneva Dannell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. to ....., 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? ..... (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) J. P. Angela, M. D.
(Address) Desoto Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.