JAN 8 1940

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson
Township Valle
City Desoto
Registration District No. 420
Primary Registration District No. 3022
File No. 43749
Registered No. 79
(No. ..... St. ..... Ward)

2. FULL NAME John Lathanial Sancoucie
(a) Residence, No. 500 Stewart St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 25 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) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1939
7. AGE YEARS — MONTHS 1 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Desoto Mo.
FATHER
13. NAME Pete Sancoucie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patrice Mo.
MOTHER
15. MAIDEN NAME Vivian Mine Henson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo
17. INFORMANT (ADDRESS) John Henson Desoto Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton Mo DATE Dec 16 1939
19. UNDERTAKER (ADDRESS) Donnell B. Dietrich Desoto Mo.
20. FILED 12-18 1939 Jenna Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1939, to to Dec 15, 1939
I last saw him alive on Dec 14, 1939. Death is said to have occurred on the date stated above, at 3:15 A.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset Dec 8-39
108
Other contributory causes of importance:
Marasmus
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no
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? no
If so, specify .....
(Signed) J. P. Ingels, M. D.
381 (Address) De Soto, 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.