

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

Do not use this space.

14338
362

1. PLACE OF DEATH

County St. Francois
Township Esther, Mo
City Esther, Mo (No. 2)

Registration District No. 774
Primary Registration District No. 60182

File No. 362
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Henry Franklin Dessean

(a) Residence, No. _____ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11th 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	11	19	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

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) Madison Co Mo

FATHER

13. NAME Bernard Dessean

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

MOTHER

15. MAIDEN NAME Elizabeth Lachner

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

17. INFORMANT (ADDRESS) Elizabeth Dessean
Esther Mo

18. BURIAL, CREMATION, OR REMOVAL Woodsbury DATE 4-3-33

19. UNDERTAKER (ADDRESS) Caldwell Bros
Flat River, Mo

20. FILED April 30 1933 W J Bryan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1932, to 4-1, 1933

I last saw him alive on 3-31, 1933 Death is said to have occurred on the date stated above, at 1 P m.

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

Coronary embolism

94B
94A
93C

Other contributory causes of importance: Angina pectoris
Myocarditis Chr

Date of onset 6 yrs.

Name of operation none Date of _____

What test confirmed diagnosis clinical 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) Harold C Gache M. D.
(Address) Deerlog Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MAY 24 1933

