

JUL 29 1927

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

Do not use this space.

20482

1. PLACE OF DEATH

County Warren
Township Elkhorn
City

Registration District No. 661
Primary Registration District No. 6171

File No.
Registered No. 33
St. Ward)

2. FULL NAME

Floyd De Vance

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 12th 1927</u>		
7. AGE	YEARS	MONTHS
	—	—
		14
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Harry De Vance

11. BIRTHPLACE OF FATHER (CITY OR TOWN) J. Dakota
(STATE OR COUNTRY) Dakota

12. MAIDEN NAME OF MOTHER Marie Mathew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bucklin
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Marie De Vance
(Address) Warrenton Mo.

15. FILED June 27 1927 A. W. Thieling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26th 1927

17. I HEREBY CERTIFY That I attended deceased from June 25 1927 to June 27 1927, that I last saw him alive on June 26 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus
158 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) 160
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination of heart
(Signed) E. J. Maudslayi M. D.
June 24 1927 (Address) Warrenton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Andy Polster Cemetery DATE OF BURIAL 6/27 1927

20. UNDERTAKER G. W. Huhns ADDRESS Warrenton 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.

