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.

SEP 3 8 27

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

Do not use this space.

24710

1. PLACE OF DEATH

County Johnson, Registration District No. 431

Township ~~Warrensburg~~, Primary Registration District No. 3023

City Warrensburg, (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Lola DeVasher

(a) Residence. No. 123 E North St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 14, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	7	12	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Henry DeVasher

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

12. MAIDEN NAME OF MOTHER Emma Williams

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

14. INFORMANT Mrs Janie Hett
(Address) Warrensburg Mo

15. FILED Aug 27 1927 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Aug 26, 1927 that I last saw her alive on Aug 26, 1927, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hodgskins Disease
12 B
31

(duration) 3½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicemia

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

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

WAS THERE AN AUTOPSY? no condition & history

WHAT TEST CONFIRMED DIAGNOSIS? General Physical

(Signed) J W Bollert, M. D

Aug 27, 1927 (Address) Warrensburg 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	DATE OF BURIAL
Liberty Cem	Aug, 27 1927

20. UNDERTAKER S. R. Sweeney ADDRESS Warrensburg, Mo