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.

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

Do not use this space. 25517

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 6026 Westminster St. ..... Ward)

File No. ..... Registered No. 7105

2. FULL NAME John (Leslie) Devlin

(a) Residence. No. 6026 Westminster St., 5 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 18, 1867

7. AGE: Years 59 | Months 11 | Days 16 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Traveling Salesman

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

(c) Name of employer: Wolf Mfg. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Missouri

PARENTS

10. NAME OF FATHER: Jno. Devlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Coraine, Ireland

12. MAIDEN NAME OF MOTHER: Isabelle McFadden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Londonderry, Ireland

14. INFORMANT: Miss Belle Devlin (Address) 6026 Westminster Pl

15. FILED AUG -6 1927 Max C. Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 4th 1927

17. I HEREBY CERTIFY, That I attended deceased from January 10th, 1927, to Aug 4th, 1927, that I last saw him alive on Aug 4th, 1927, and that death occurred, on the date stated above, at 5 o'clk p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute dilation of heart

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic Bronchitis

Non Tubercular (duration) ..... yrs. 6 mos. 25 ds.

18. WHERE WAS DISEASE CONTRACTED: St Louis

IF NOT AT PLACE OF DEATH? ..... " "

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only

(Signed) John W. Vaughan M.D.

8/5, 1927 (Address) 4900 Washington

*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: Bellefontaine Cem | DATE OF BURIAL: 8/7 1927

20. UNDERTAKER: Alexander & Sons | ADDRESS: 6175 Delmar