

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

Do not use this space.

WV
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1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township KAW Primary Registration District No. _____
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Florence Wheeler Devol

(a) Residence. No. 518 West 10th St. 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 Female 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) March 26, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 | 10 | 14

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) Ohio

10. NAME OF FATHER Hiram T. Devol

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

12. MAIDEN NAME OF MOTHER Harriet Bowen

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

14. INFORMANT Geo Devol (Address) 518 West 10th

15. FILED 2-11-28 M M Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 10 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1928 to Feb 10 1928 that I last saw him alive on Feb 10 1928 and that death occurred, on the date stated above, at 4 P. in _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma, Stomach
MIB

CONTRIBUTORY (SECONDARY) if u (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH. no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Observation; Micrograph; Fluoroscapy
 (Signed) Frank E. Murphy M. D.
Feb 11 - 28 (Address) 2 West 10th St

*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 Elmwood Cemetery DATE OF BURIAL 2-13-1928

20. UNDERTAKER Stone + Mc Clure ADDRESS 924 Oak

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.

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