

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

Do not use this space.

27525

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Lea Primary Registration District No. \_\_\_\_\_  
City J.C. Mo. (No. 1601) Zipping St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3601  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bobby Lee De Voe  
(a) Residence. No. 1601 Zipping St., 12 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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>9</u>	<u>2</u>	<u>0</u>	<u>—</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. child  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) J.C. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Herbert De Voe

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

12. MAIDEN NAME OF MOTHER Martha Thompson

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

14. INFORMANT Mrs Martha De Voe  
(Address) 601 Zipping

15. FILED 8/30 28 M.D.N. Groove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1928

17. I HEREBY CERTIFY That I attended deceased from 8/28/28, 1928 to 8/28/28, 1928  
that I last saw h. alive on 8/28/28, 1928, and that death occurred, on the date stated above, at 5:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1011  
Bronchopneumonia  
(Primary) (duration) yrs. \_\_\_\_\_ mos. 8 da.  
CONTRIBUTORY (SECONDARY) 100w (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J.B. Bird M. D.

(Address) 429 Riets Bldg

\*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 Cem. DATE OF BURIAL Aug. 30 1928

20. UNDERTAKER Rose & Henderson ADDRESS 150 Jackson

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.

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