2 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Vernon — Registration District No. 875 — File No. 32542
Township: — Primary Registration District No. 3039. — Registered No. 228.
City: Nevada, Mo (No. ..... St. ..... Ward)

2. FULL NAME: A. F. Devossett, Bolivar, Mo.
(a) Residence. No. ..... St., ... Ward. No 2 State Hospital
(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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Mrs. A. F. Devossett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): D. K.

7. AGE: 68 Years — Months: 3 — Days: 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Bolivar, Mo.

PARENTS
10. NAME OF FATHER: H. F. Devossett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Cordelia Slagle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT (Address): Mrs. A. F. Devossett, Bolivar, Mo.

15. FILED 10/9 1928 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 9. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from 9. 2d, 1928, to 9. 8th, 1928, that I last saw him alive on 9. 8th, 1928, and that death occurred, on the date stated above, at 3:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningo-encephalitis
78B
97 91B
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): cerebro-arteriosclerosis indefinite (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? clinical observation
(Signed) J. C. H. P. Chiles, M. D.
, 19 (Address) State Hospital #3

*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: Polk Co. — DATE OF BURIAL: Sept 10 1928

20. UNDERTAKER: White Under. Co. — ADDRESS: Bolivar, 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.