DEC 20 1928

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

Do not use this space.

36277

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township " " — Primary Registration District No. 3009 — Registered No. 1243
City " " (No. ..... St. ..... Ward)

2. FULL NAME Wm W. Devore
(a) Residence. No. No. Frederick 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: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 - 1863

7. AGE: 65 YEARS, 5 MONTHS, 3 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

PARENTS
10. NAME OF FATHER: W. M. Devore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Margaret Strong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Whitewater Mo

14. INFORMANT: Loy Devore
(Address) Cape Girardeau Mo

15. FILED 11-2 1928 W C Koenigsfer REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1927, to Nov 1928, that I last saw h. ~~alive~~ alive on Oct. 31, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

[illegible] (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical Spalans
(Signed) J W Berry, M. D
, 19 (Address) Cape Girardeau 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: Ebenezer Cem. — DATE OF BURIAL: Nov. 3 1928

20. UNDERTAKER: Walther Und. Co — ADDRESS: Cape Gir. 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.

WRITE PLAINLY, WITH UNFADING INK