55

APR 25 1929

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

Do not use this space.

11368

1. PLACE OF DEATH
County Lawrence — Registration District No. 470
Township Mt Vernon South — Primary Registration District No. 5633
City Mt Vernon Mo R F D — St. ..... Ward)

File No. 11
Registered No.

2. FULL NAME Ina Mae DeVries

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 months 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: X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 23 - 1928

7. AGE: X Years | Months: 9 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

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): X
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Co, Mo

PARENTS
10. NAME OF FATHER: H. H DeVries
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Michigan
12. MAIDEN NAME OF MOTHER: E A Cantrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Benton Co. Mo

14. INFORMANT: H. H DeVries
(Address): Mt Vernon Mo

15. FILED: April 11, 1929 W. I. Fulton, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 15, 1929, that I last saw her alive on March 15, 1929, and that death occurred, on the date stated above, at 6:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro enteritis
11915
1138
(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY): Tetting
(duration) ..... 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?
(Signed) C. W. Shelton, M. D
, 19 (Address) Mt Vernon 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: I. O. O. F. Cem — DATE OF BURIAL: 3/19 1929

20. UNDERTAKER: Geo B Orr — ADDRESS: Mt Vernon 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.