

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

Do not use this space.

28196

**1. PLACE OF DEATH**

County Johnson  
Township Warrensburg  
City Warrensburg (No.         )

Registration District No. 431  
Primary Registration District No. 5588

File No.           
Registered No.           
St.          Ward         

**2. FULL NAME**

J.L. DeVault.

(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 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 Mrs Elizabeth DeVault

6. DATE OF BIRTH (MONTH, DAY AND YEAR) dont know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
Unknown about 20 ✓ ✓

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work none  
(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) dont know

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Alex Nichols  
(Address) Warrensburg

15. FILED Aug 28 1929 Wm R Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Aug 28, 1929, that I last saw him alive on Aug 20, 1929, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

This man was an inmate of South Home  
Insane of age and wa  
mentally defective  
(duration) sent known ds.

CONTRIBUTORY (SECONDARY) same as above  
(duration) sent known ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH sent known

DID AN OPERATION PRECEDE DEATH? No DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clonus  
(Signed) L J Schaefer, M. D.

450, 1929 (Address) Warrensburg 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 Liberty Cemetery DATE OF BURIAL Aug. 28, 1929

20. UNDERTAKER R. J. Phillips ADDRESS Warrensburg Mo

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.  
 SEP 25 1929  
 262  
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