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.

JAN 20 1931

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

Do not use this space.

39964

1. PLACE OF DEATH
County Lewis — Registration District No. 478 — File No.
Township — Primary Registration District No. 4287 — Registered No. 8
City Ewing (No. Ewing Mo St. Ward)

2. FULL NAME Mary C. Devilbiss
(a) Residence. No. Canton Mo 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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9, 1846

7. AGE: Years 84 — Months 8 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lewis Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George Devilbiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Elizabeth Barnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rall Co
(STATE OR COUNTRY) Mo

14. INFORMANT Mr. W. K. Bondurant
(Address) Ewing Mo

15. FILED Dec 31, 1930 Anna K. Ball Dept. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16- 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 16, 1930 that I last saw her alive on Dec 16, 1930, and that death occurred, on the date stated above, at 11 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial Pneumonia
107A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 100a
(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
(Signed) Geo Romer, M. D
, 19 (Address) Ewing 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: Canton Mo — DATE OF BURIAL: 12-18-1930

20. UNDERTAKER: James. O'Donnell — ADDRESS: Hannibal Mo