

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

Do not use this space.

2195

**PLACE OF DEATH**

County Montgomery  
Township Eastern  
City (No. \_\_\_\_\_)

Registration District No. 594  
Primary Registration District No. 5788 B

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Develin

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>13</u>	<u>8</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhinecland, Mo.

13. NAME Peter Develin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhinecland, Mo.

15. MAIDEN NAME Annie Bertha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhinecland, Mo.

17. INFORMANT (ADDRESS) Henry Elsenroth, Rhinecland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Starkenburg DATE 1-19-31

19. UNDERTAKER (ADDRESS) Ray Baker, Rhinecland, Mo.

20. FILED 1-18-31 O. R. Panchelbach Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1931, to Jan 16 1931, 19\_\_\_\_. I last saw him alive on January 16 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset 1-1-31  
130

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) T. D. McHugh M. D.

(Address) Rhinecland, 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.

20 1931

200



Please state cause  
of acute Nephri-  
tis;

Dr Nichols said  
he did not know  
Cause  
O.R.R

S-2195

1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Montgomery Registration District No. 594 File No. \_\_\_\_\_  
 Township Louisa Primary Registration District No. 5788 B Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Develis

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>13</u>	<u>5</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student  
 (b) General nature of industry, business, or establishment in which employed (or employer) so  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Rhine land mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Pete Develis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rhine land mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Overcamp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rhine land mo  
 (STATE OR COUNTRY)

14. INFORMANT Hy Olsenrath  
 (Address) Rhine land mo

FILED 1-18, 1931 O.P. Rauschbach  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1931

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
Jan 15 1931 to Jan 17, 1931  
 that last saw him alive on Jan 16, 1931, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute nephritis

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (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. B. Nichols, M. D.

1-18, 1931 (Address) Rhine land 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 DATE OF BURIAL

Starkenburg Centry 1-19 1931

20. UNDERTAKER ADDRESS

Barton Baker Ammons mo

N. B.—Every item of information should be carefully checked by a PHYSICIAN. OCCUPATION is very important. COMPLETE AS PRESCRIBED BY LAW. REGISTRARS SHALL NOT RECEIVE A FEE FOR THIS SUPPLEMENTARY.

SUPPLEMENTARY

5-2195