

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.

APR 24 1933

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

Do not use this space.

1. PLACE OF DEATH **Buchanan** 85  
 County.....**Buchanan** Registration District No.....  
 Township.....**St. Joseph** Primary Registration District No. **1001**  
 City.....**St. Joseph** (No. **St. Joseph Hospital.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

8636

File No. \_\_\_\_\_  
 Registered No. **352**

2. FULL NAME **William H. Devine.**  
 (a) Residence, No. **4631 King Hill Ave.** St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **29** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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) **June 29, 1892.**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**40 9 1**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machine coverer.**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Swift & Co.**  
 10. Date deceased last worked at this occupation (month and year) **1930** 11. Total time (years) spent in this occupation **27 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Sedalia**  
 (STATE OR COUNTRY) **Mo.**

13. NAME **James F. Devine.**  
 14. BIRTHPLACE (CITY OR TOWN) **unk.**  
 (STATE OR COUNTRY) **Missouri.**

15. MAIDEN NAME **Ellen Forth**  
 16. BIRTHPLACE (CITY OR TOWN) **Sedalia,**  
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Albert F. Devine**  
 (ADDRESS) **4631 King Hill Av. St. Joseph, Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Mt. Auburn Cem.** DATE **April 1, 1933**

19. UNDERTAKER **Fred D. Clark**  
 (ADDRESS) **5025 King Hill Ave.**

20. FILED **APR 3 1933** **John R. Bender**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/30/33** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **March 17, 1933**, to **March 30, 1933**  
 I last saw him alive on **March 29, 1933** Death is said to have occurred on the date stated above, at **8 A.** m.  
 The principal cause of death and related causes of importance were as follows:

**Coronary thrombosis** Date of case **3/17/33**  
**Bronchopneumonia** **12/15/32**  
 Other contributory causes of importance:  
**Chronic**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Chinical** Was there an autopsy? \_\_\_\_\_

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) **A. P. Thompson** M. D.  
 (Address) **St. Joseph, Mo.**

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