

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

Do not use this space.

23517

1. PLACE OF DEATH

County Jasper
Township Musvale
City Wagonwheel (No. 49)

Registration District No. 413
Primary Registration District No. 5559c

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 908 Hill St., _____ Ward Joplin
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 3 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 Rebecca Devaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) Okeahoma

13. NAME John Devaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida

15. MAIDEN NAME Sarah Kildebrot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oker

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 7-18 33

19. UNDERTAKER (ADDRESS) Stults and Co

20. FILED Aug 11 19 33 J. H. Weaver Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to July 14 1933
I last saw him alive on July 14 1933 Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset _____
Other contributory causes of importance: 73R 77

Name of operation None Date of _____
What test confirmed diagnosis Coppe 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) John E. Devaughn, M. D.
(Address) Wagonwheel

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.

AUG 2 6 1933

