

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

Do not use this space.

791
1003

26486

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis Mo* (No. *3426*) *Eads av.*

File No.
Registered No. *6650*
St. Ward)

2. FULL NAME

(a) Residence, *3426 Eads av. St. 17* Ward.

(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 *Mary Devanney*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 2 1869*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *General Car*

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

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) *Glendale Ohio*

MOTHER FATHER

13. NAME *Patrick Devanney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Margaret Scanlon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *Mrs Mary Devanney 3426 Eads av.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *July 6 1934*

19. UNDERTAKER (ADDRESS) *C. J. Schuur 3128 Lafayette av.*

20. FILED *114* 19 *5*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 3 1934*

22. I HEREBY CERTIFY, That I attended deceased from *2/14 1934* to *July 3 1934*

I last saw him alive on *July 3 1934*. Death is said to have occurred on the date stated above, at *4:50 p.m.*

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

Date of onset *2 mo*

Other contributory causes of importance:
Atherosclerosis

Name of operation Date of
What test confirmed diagnosis? 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

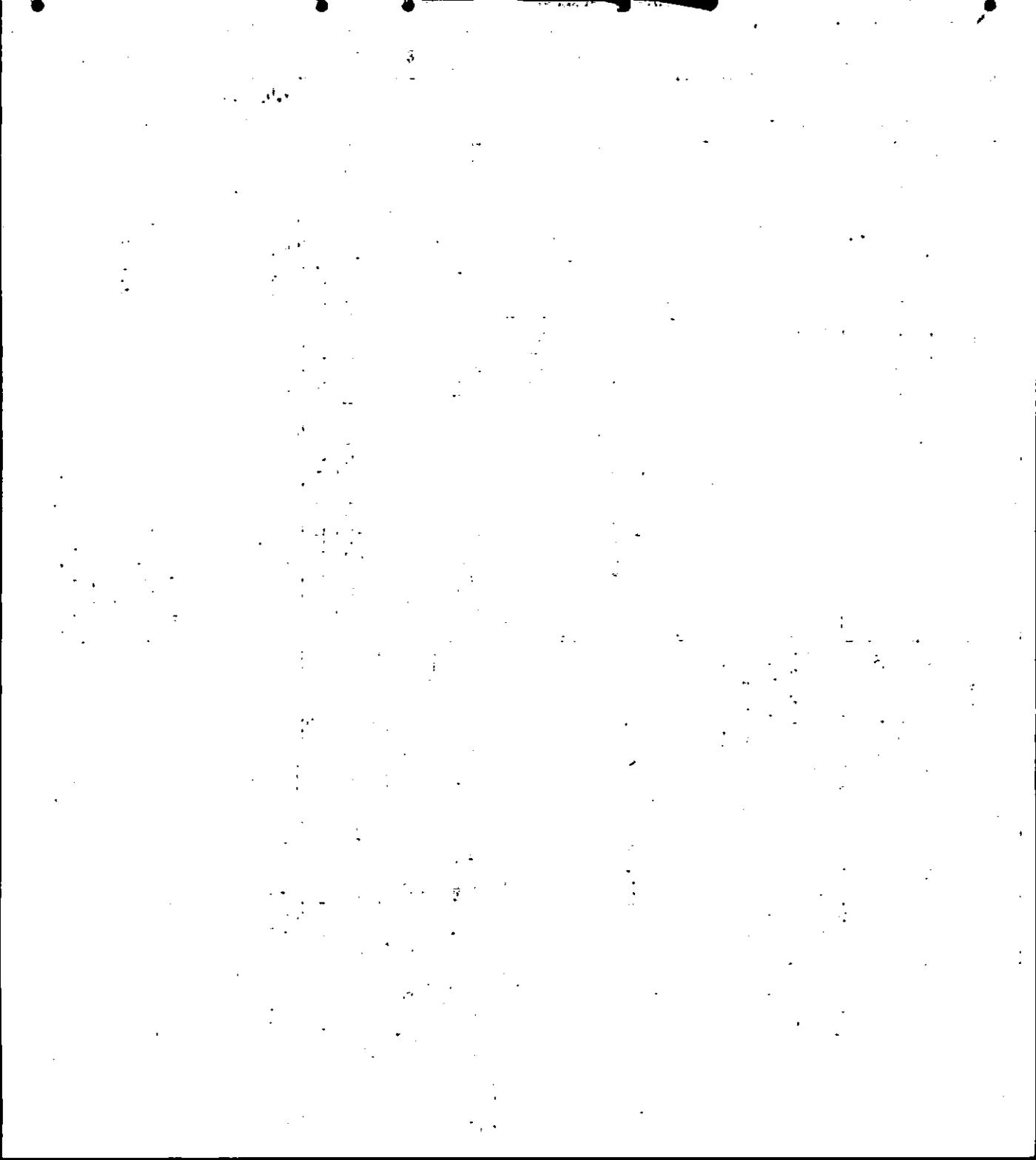
24. Was disease or injury in any way related to occupation of deceased?
If so, specify *As shown* M. D.
(Signed) *13714 & Jefferson*
(Address)

Registrar.

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 15 1934



#2 *St. Louis*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
6650

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *John J. DeVanney*
Who died at _____ on *July - 3 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *M* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar *J. J. Bredeck 8-29-34*
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *791* Very truly yours,
Primary Reg. Dist. No. *1003* *E. T. McLaugh, M.D.*
Special Agent.

26486

George ...