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.

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

OCT 17 1935

Do not use this space.

28716

File No. 5

Registered No. 5

1. PLACE OF DEATH

County Buchanan,

Township Marion,

City ..... (No. 2 1/2 Miles West, Easton, Mo. St. ..... Ward)

Registration District No. 52

Primary Registration District No. 5723

11

2. FULL NAME George Emmerson DeVore,

(a) Residence, No. 2 1/2 M.W. of Easton, Mo. St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 76 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda J. DeVore,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1859

7. AGE: Years 76 | Months 5 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) September 1935

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ringgold County, Iowa,

FATHER

13. NAME William Emmerson DeVore,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

MOTHER

15. MAIDEN NAME Diantha Cullens,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs Carroll Barlow R.F.D. # 3, Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blakeley Cem. DATE Sept. 1935

19. UNDERTAKER (ADDRESS) Keelon-Bryan-Bierman St. Joseph, Mo. Funeral Home

20. FILED 10/10 1935 A. P. Bigham M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935, to Sept. 3rd, 1935

I last saw h... alive on Sept. 2nd, 1935. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

	Date of onset
Chronic Bright's Disease	4/1/35
Bronchio Pneumonia	Mch 35

Other contributory causes of importance?

Name of operation ..... Date of .....

What test confirmed diagnosis? Urinalysis. 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? .....

If so, specify .....

(Signed) G. T. Kimball D.O. M. D.

(Address) Easton, Mo.