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.

MAY 18 1936

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

Do not use this space.

14230

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 633

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph (No. 2215 Lafayette St. Ward)

2. FULL NAME Hugh Devlin

(a) Residence, No. 2215 Lafayette St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Devlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13, 1876.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
59	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired-Sewer Contractor

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

10. Date deceased last worked at this occupation (month and year) April 1931.

11. Total time (years) spent in this occupation 20 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strawberry Point Iowa

FATHER

13. NAME John Devlin

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Maude Devlin 2215 Lafayette St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem.
PLACE St. Joseph, Mo. DATE May 1, 1936.

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED 4-30 1936 H. J. Nestlebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1936, to 4/28, 1936

I last saw him alive on 4/28, 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

	Date of onset
Coronary Thrombosis	4/21/36
Other contributory causes of importance:	
Arterio-sclerosis	1930 ~~1930~~

Name of operation No Date of —

What test confirmed diagnosis? Exam 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) M. H. Talty, M. D.

(Address) 709 Corby Bldg. St. Joseph Mo.