OCT 22 1936

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

Do not use this space.

34911

1. PLACE OF DEATH
County Linn
Township Brookfield
City Brookfield
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 96
(No. , St. Ward)

2. FULL NAME Caroline Elizabeth Devore
(a) Residence, No. 604 N. Monroe St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Devore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1844

7. AGE: YEARS 92 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Steuben County New York

FATHER
13. NAME Otis Dodge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Mabel Cowley Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cemetery DATE Sept 22 1936

19. UNDERTAKER (ADDRESS) Mrs. M. Y. Rusk Brookfield, Mo.

20. FILED Oct. 8 1936 Jnott Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934, to Sept 20, 1936
I last saw her alive on Sept 20, 1936. Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility 94	
Arterio-sclerosis (Generalized)	
Other contributory causes of importance:	
Embolism of Coronary artery	9/20

Name of operation — Date of
What test confirmed diagnosis? usual methods 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) Roy R. Haley, M. D.
(Address) Brookfield, Mo.

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.