

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County Buchanan, Registration District No. 35
 Township _____ Primary Registration District No. 001
 City St. Joseph, (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. 37155
 Registered No. 1131

2. FULL NAME Lella Temperance DeVorens

(a) Residence, No. 404 Michigan St., Ward _____
 (Usual place of abode). (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George E. DeVorens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1885</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>2</u>	DAYS <u>22</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. At Home

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) Brookfield, Missouri

MOTHER

13. NAME John L. Hunt

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

15. MAIDEN NAME Adeline Miller

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

17. INFORMANT Mrs. Bellie Watts
 (ADDRESS) 404 Michigan Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Nov. 1937

19. UNDERTAKER Heaton Berger & Brennan
 (ADDRESS) 1300 Buchanan St. St. Joseph, Mo.

20. FILED 10/15 1937 A. J. McLaughlin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1937 to Oct. 13 1937
 I last saw her alive on Oct. 13 1937. Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Quodernal Ulcers Date of onset _____
11712
 Other contributory causes of importance: hemorrhages from above 10/3/37
 Name of operation Transfusions only Date of _____
 What test confirmed diagnosis? Clinical and Was there an autopsy? yes

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) O. Grant M.D. M. D.
 (Address) 6207 King Hill Ave St. Joseph, 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.

