

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

34500
 Do not use this space.

REC'D NOV 1 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jackson Primary Registration District No. 100
 (c) City Kansas City (d) Street No. KC Gen Hosp
 (If death occurred in hospital or institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Devero John E. Devero.
 (a) Residence, No. 1020 E 9th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ester Ellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 90 7 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as 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) Learnsnorth, Kansas

FATHER 13. NAME Thomas Devero

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

MOTHER 15. MAIDEN NAME Josee Sullivan

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

17. INFORMANT (ADDRESS) Reina Clark
KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Oct-4-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. C. F. Gault
918 Broadway Ave

20. FILED 1023 1938 W. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2 1938

I HEREBY CERTIFY, That I attended deceased from 9-20 1938 to 10-2 1938

I last saw him alive on 10-2 1938. Death is said to have occurred on the date stated above, at 6:25 am

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

Hypertensive Heart Disease; Carcinoma Date of onset

of sigmoid with metastases to liver

Other contributory causes of importance:

46 C

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

What test confirmed diagnosis?..... 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..... 1938

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) P. F. De Maria M. D.

(Address) St. Mary's Gen Hosp

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.