

REC'D FEB 21 1939

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

1684
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 82
 (c) City St. Joseph (d) Street No. 400 W. Vassar St. St. _____
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME John M. DeVary
 (a) Residence, No. 400 W. Vassar St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara DeVary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1886
 7. AGE YEARS 52 MONTHS 4 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Power & Light Co.
 10. Date deceased last worked at this occupation (month and year) May 25, 1938 11. Total time (years) spent in this occupation 10
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky
 FATHER 13. NAME John R. DeVary
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky
 MOTHER 15. MAIDEN NAME Margaret Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Clara DeVary 400 W. Vassar St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Weatherby, Mo. DATE Jan. 27, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred D. Clark Mortuary 5025 King Hill Ave.
 20. FILED Jan 26, 1939 W. J. Neall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1939 19
 22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939 to Jan 24, 1939
 I last saw him alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 8:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver
(with cirrhosis)
 Date of onset 1/23
 Other contributory causes of importance: 12412
 Name of operation _____ Date of _____
 What test confirmed diagnosis? chemical 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) Dr. W. Moore, M. D.
 (Address) 224 S. 2nd St.

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.

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Dr. Morse.

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

Earl A. Clark

Licensed Embalmer No. *3476*

P. O. Address *St. Joseph 1110*

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.