

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

Do not use this space.

FILED JAN 19 1944

3998

**1. PLACE OF DEATH**

County Puleaski  
Township.....  
City Waynesville (No. 1)

Registration District No. 290  
Primary Registration District No. 4427

File No.....  
Registered No. 7  
St. 1 Ward

**2. FULL NAME** Charles Victor DeVere

(a) Residence, No. Waynesville St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret L. DeVere

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
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) Sardinia, Ohio

FATHER 13. NAME Sherman DeVere

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

MOTHER 15. MAIDEN NAME Margaret Hayes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXX Ohio

17. INFORMANT Mrs. Margaret L. DeVere  
(ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Texas Co. Mo. DATE 12/28/43

19. UNDERTAKER J. L. Hoops & Sons  
(ADDRESS) Crocker, Mo.

20. FILED 1-10 19 44 Chas M Ould  
1171 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1943

22. I HEREBY CERTIFY, That I attended deceased from April, 1941, to Dec 26, 1943  
I last saw him alive on Dec 26, 1943 Death is said to have occurred on the date stated above, at 11 A. M.  
The principal cause of death and related causes of importance were as follows:

BRONCHIAL ASTHMA Date of onset 2 yrs.

Other contributory causes of importance: MYOCARDIAL ENLARGEMENT 1 yr.

Name of operation GB Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) John A. Mikolich, M.D.  
(Address) Crocker, 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.

JAN 26 1945

JAN 24 1945

MAR 28 1915