DEC 12 1934

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

Do not use this space.

38526

File No. 7

Registered No. 7

1. PLACE OF DEATH
County Buchanan
Registration District No. 82
Township ~~Marion~~
Primary Registration District No. 5127
City ~~Easton~~ (No. Easton Mo St. Ward)

2. FULL NAME Michael Henry McDevitt

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
70	1	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Rockford (STATE OR COUNTRY) Illinois

FATHER
13. NAME Patrick McDevitt
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland.

MOTHER
15. MAIDEN NAME Margaret Mahar.
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland.

17. INFORMANT Mrs Frances Graham
(ADDRESS) Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hurlinger Mo DATE Nov 27 1934

19. UNDERTAKER H. C. Schierbader
(ADDRESS) St Joseph Mo

20. FILED 12/1 1934 R. T. Bingham Reg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-1- 1934, to 11-25- 1934

I last saw him alive on 11-25 1934 Death is said to have occurred on the date stated above, at 12:05 a.m.

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

Valvular Disease of Heart

97 92a

Other contributory causes of importance:
Arterio Sclerosis
Chronic Prostatitis

Name of operation .... 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) G. F. Kimball, M. D.
(Address) Easton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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.

100M-11-24-33