

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

Do not use this space.

31579

1. PLACE OF DEATH

County Phelps
Township St. James
City St. James (Name)

Registration District No. 678
Primary Registration District No. 5904

File No.
Registered No.
St. (Word)

2. FULL NAME

Thomas Devault

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 23 1/2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-1-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
79 | 9 | 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hammer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Red Bud Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Sam Devault

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Samuel Devault
(Address) St James Mo.

15. FILED 9-7-29 1929 Henry H. Walters REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2nd 1929

I HEREBY CERTIFY That I attended deceased from July 1 1929
and that I last saw him alive on July 25 1929, and that death occurred, on the date stated above, at St James Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930 Myocarditis

CONTRIBUTORY (SECONDARY) 700 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Willard H. Beer M. D.
9/27 1929 (Address) St James Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City of Amelby DATE OF BURIAL Sept 3rd 1929

20. UNDERTAKER Jonas W. New York ADDRESS St James 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.

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