

REC'D JUN 8 1939

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

17712

Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON | Registration District No. 395  
 (b) Township Jar | Primary Registration District No. 100 ✓ Registered No. 2114  
 (c) City KANSAS CITY | (d) Street No. Dr. Robinson Sanitarium, K.C.Mo. St.  
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 150 DEVINE, MARIE L. St.   
3827 ROBERTS (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James W. Devine  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21st, 1897  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 41 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Missouri

FATHER 13. NAME W.E. Edward

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

MOTHER 15. MAIDEN NAME Carrie Christy

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

17. INFORMANT Mrs. Carrie Edwards  
 (ADDRESS) 3827 Roberts Street, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Koriah Cem. DATE May 22nd, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster  
 (ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED May 21, 1939 M. M. Brown  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1939 to 50-20, 1939  
 I last saw her alive on 5-19, 1939 Death is said to have occurred on the date stated above, at 5:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

BRONCHO-PNEUMONIA Date of onset 5-15-39  
MYOCARDIAL INSUFFICIENCY 4-20-39  
107W  
 Other contributory causes of importance: HYPERTENSION 1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Dean Shelton M. D.  
 (Address) 2625 Cass St. Blm.

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**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.**