

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

39904
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 408
 (b) Township Barthage 1 Primary Registration District No. 3020 Registered No. 206
 (c) City Barthage (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eva L Devera
 (a) Residence, No. 730 Cedar 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 Female 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 Francis Devera

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
73 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Newton County Missouri

FATHER 13. NAME William H. Allardy

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

MOTHER 15. MAIDEN NAME Amanda Stafford

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

17. INFORMANT (NAME) (ADDRESS) Lawrence Devera
730 Cedar - Barthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren Cem. DATE Nov. 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knell Mortuary
Barthage, Mo.

20. FILED Nov. 6, 1939 E. J. McEntire, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Nov 4, 1939
 I last saw her alive on Nov 4, 1939. Death is said to have occurred on the date stated above, at 7:05A.m.
 The principal cause of death and related causes of importance were as follows:

Terminal Broncho-pneumonia
876
 Date of onset 11/3/39
10/29/39

Other contributory causes of importance:
Multiple cerebral thrombi with left paroplegia
10/29/39

Name of operation None Date of _____
 What test confirmed diagnosis? Cholesterol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) M. J. Harris, M. D.
 (Address) 414 Central, Barthage, Mo.

K. 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.

RECEIVED

District Health Officer No. 6,

District File Number 6239-2597

Date Filed DEC 14 1939

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.....

Emmett R. Stuebe

Licensed Embalmer No.....

391

P. O. Address.....

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.