

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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township Springfield Primary Registration District No. 1800
 5 City Springfield (No. Springfield Baptist Hosp.) Registered No. 16294
 2. FULL NAME Emma J. Delo St. Delo Ward 422
 (a) Residence, No. 2020 N. Grant (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1869

7. AGE YEARS 64 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ✓

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan
 13. NAME L. N. Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Emma E. Sheppard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Joshua Delo
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mable Park Cemetery DATE May 24 1933

19. UNDERTAKER W. H. Timmerly & Co.
 (ADDRESS) Springfield, Mo.

20. FILED 5-24 1933 Ralph W. Langston (Address) Springfield, Mo.
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-15- 1933 to 5-22- 1933
 I last saw her alive on 5-22- 1933 Death is said to have occurred on the date stated above, at 1 p.m.
 The principal cause of death and related causes of importance were as follows:
Demented Condition Date of onset 1-15-33
Attempted suicide by cutting throat into pharynx 5-15-33
Contracted pneumonia 5-19-32
 Other contributory causes of importance:
168A Broncho
84 168
 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?
 If so, specify C. P. Zeller, M. D.
 (Signed) C. P. Zeller, M. D.

