

DEC 0 FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County Howard 2Township CharitonCity Elizsgau (No. _____) St. _____ Ward _____Registration District No. 399Primary Registration District No. 4223File No. 2482

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 71 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Delaney6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 18667. AGE YEARS 72 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flagman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad10. Date deceased last worked at this occupation (month and year) Nov 1, 1937 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) Mason County (STATE OR COUNTRY) Iowa13. NAME Dennis Delaney14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____15. MAIDEN NAME Ann Miller16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____17. INFORMANT Mrs Ben Frenneller (ADDRESS) Elizsgau, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Elizsgau, Mo. DATE Jan 7 193919. UNDERTAKER William Frenneller (ADDRESS) Elizsgau, Mo.20. FILED Jan 7 1939 J. W. Gardner Registrar. 340 (Address) Elizsgau Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 193922. I HEREBY CERTIFY, That I attended deceased from 12 - 28 1939, to 1 - 4 1939I last saw him alive on 1 - 4 1939. Death is saidto have occurred on the date stated above, at 5:50 pm.

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

Pneumonia Date of onset _____Other contributory causes of importance: InfluenzaName of operation none Date of _____What test confirmed diagnosis? clinical 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) W. B. Kitcher M. D.Elizsgau 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.

THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/2/39