REC'D FEB 23 1939

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

2709
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township JOPLIN
(c) City Webb City
Registration District No. 417
Primary Registration District No. 3021
Registered No. 105
(d) Street No. 213 WEST AUSTIN 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Jorma Jean Delvey (SELVEY)
(a) Residence, No. 213 W. Austin St.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 29, 1928
7. AGE: Years 11 | Months 9 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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.: School
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): Webb City, Missouri
FATHER
13. NAME: Frank Delvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
MOTHER
15. MAIDEN NAME: Jessie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
17. INFORMANT (ADDRESS): Frank Delvey, Webb City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Carterville DATE: Dec 22, 1938
19. FUNERAL DIRECTOR (NAME): Webb City Undt Co. (ADDRESS): Webb City Mo
20. FILED JAN 3. 39. 19.... L. D. Lickert M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938, to Dec. 20, 1938
I last saw h... alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	
Other contributory causes of importance:	

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 .....
(Signed) M. S. Lowry M.D., M. D.
(Address) 205 W. Broadway Webb City Mo

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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.

MISLAID IN DOCTOR'S OFFICE AND NOT PRESENTED TILL JAN 3. 39

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-408
Date Filed FEB 17 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, Myself,

, or by

Registered Apprentice No. , working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922,

P. O. Address Webb City, Mo,

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

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