

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

Do not use this space.

20044

1. PLACE OF DEATH
 County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. city hospital)
 Registered No. 5811
 St. Ward.....

2. FULL NAME Thomas B. Delaney
 (a) Residence. No. 1227 1/2 Taylor St. Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 5-1891</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>186 Pauper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>187 82</u> (c) Name of employer <u>OCutt Stroyes</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>mo</u>		
PARENTS	10. NAME OF FATHER <u>Jeremiah Delaney</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Sarah McDevon</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Jamish Delaney</u> (Address) <u>1227 1/2 Taylor St.</u>		
15. FILED <u>JUN 21 1927</u> 19. <u>Mauli Starkeoff</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23-27

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 1 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Brain
(transitory)
fall to floor
 (duration)..... yrs. mos. da.
 CONTRIBUTORY Accident
 (SECONDARY) (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. M. Dewey M.D.
6/24/27 (Address) DEP Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL June 25 1927

20. UNDERTAKER Cullinane Bros ADDRESS 1701 N. Grand

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.

