

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

Do not use this space.

9044

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 11003  
City Christian Hospital Oakley Nevada

File No.....  
Registered No. 2775  
St..... Ward)

**2. FULL NAME**

(a) Residence. No. MARY V. COS St. 26 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 | 8 | 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Frank Delaney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Dot Penot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT John Lucio  
(Address) 2316 N 9th St

15. FILED Mar - 2 1929  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 28 1929 to Feb 28 1929 that I last saw h. in alive on Feb 28 1929 and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Regurgitation  
(duration) 2 1/2 yrs. mos. da.  
CONTRIBUTORY Hypostatic Pneumonia  
(SECONDARY)  
No Labor or Broncho #103  
(duration) yrs. mos. da. 5

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, 2316-N-9 St.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED THE DIAGNOSIS? Laboratory & Physical ex.  
(Signed) Dr. Johnson M. D.  
3/1, 1929 (Address) 2435 N. Grand St

\*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 Oakley DATE OF BURIAL March 4 1929

20. UNDERTAKER Central ADDRESS 1841 Cass.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. SIGNATURE of physician.

2355  
20  
20  
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Dr. Johnson Christmas, 1841