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.

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

Do not use this space. 27762

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 3452
Township Kaw Primary Registration District No. Registered No.
City Kansas City (No. Lakeside 1000 Spt St. Ward)

2. FULL NAME Delia Tinnon
(a) Residence. No. 5020 Olive St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe B. Tinnon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	6	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pulaski
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Jim Hickman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Huldah Doggett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT James W Crunk
(Address) 5020 Olive

15. FILED 8/12, 1929 M M Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1929

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929, to Aug 11, 1929, that I last saw her alive on July 30, 1929, and that death occurred, on the date stated above, at 10:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Piloric end of stomach
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral regurgitation
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH I do not know.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF July 26 1929
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Jas W Graham, M. D.
8/12, 1929 (Address) 205 Argyle Bldg.

*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 Lynnville, Tenn. DATE OF BURIAL Aug 12 1929.

20. UNDERTAKER N. W. Newcomer Sons K C Mo ADDRESS

Val 1 [illegible] 3 [illegible]

12 - [illegible]

[illegible]