JUL 23 1930

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

Do not use this space.

23534

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Marion — Primary Registration District No. 2029 — Registered No. 170
City Hannibal (No. St. Elizabeth's Hospital St. Ward)

2. FULL NAME Frank E. Delmer
(a) Residence. No. 1900 Broadway 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1. 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
41	10	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mgr Kamber Store
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Store
(c) Name of employer: Kamber Stores

9. BIRTHPLACE (CITY OR TOWN) Canton
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Hy P. Dehner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canton
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Mary Devilbliss
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canton
(STATE OR COUNTRY) Mo.

14. INFORMANT Leonard H. Dehner
(Address) Quincy Ill.

15. FILED 7/5 1930 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/3/30

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to July 3, 1930 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage
131
8214
Chronic (duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Visible Evidence
(Signed) Dr J. J. Farrell M.D.
7/3/30 (Address) Hannibal Mo

*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: Canton Mo
DATE OF BURIAL: 7-5-1930

20. UNDERTAKER: James O'Donnell
ADDRESS: Hannibal 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD