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.

MAY 27 1931

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

Do not use this space.

16906

1. PLACE OF DEATH
County Warren — Registration District No. 881 — File No.
Township — Primary Registration District No. 4534 — Registered No. 16
City Warrenton (No. ..... St. ..... Ward)

2. FULL NAME John William Delventhal
(a) Residence, No. ..... St., ... 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 Male
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 Alice P. Delventhal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4-1841
7. AGE YEARS 89. MONTHS 11 DAYS 3. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St Louis Missouri

FATHER
13. NAME John W. Delventhal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret Neslage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Elgar Delventhal Warrenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton City Co. DATE 4/9th 1931
19. UNDERTAKER (ADDRESS) F. W. Nieburg Warrenton Mo.
20. FILED 4/11 1931 A. W. Ebeling Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1929, to April 7, 1931.
I last saw him alive on April 7, 1931. Death is said to have occurred on the date stated above, at 10-20 A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	10/1929
930	
11B 930	

Other contributory causes of importance:

Oedema of Lungs	3/17/31

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

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) J. B. Verreaux, M. D.
4/7/31 (Address) Warrenton, Mo