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

Do not use this space.

26058

File No. 26058
Registered No. 102

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Registration District No. 773
Primary Registration District No. 6018A
Near City Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Della Day
(a) Residence, No. Handy, Mo. 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: 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: not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years 68; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): Ill.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hospital Cemetery DATE 7-20, 1931

19. UNDERTAKER (ADDRESS): Hospital No 4

20. FILED 7-20, 1931 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1935 to July 16, 1931
I last saw her alive on July 16, 1931. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
95C	
95B	
97	

Other contributory causes of importance:
Coronary occlusion
Acute nephritis
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? Yes

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) Ralph L. Hankel, M. D.
(Address) Farmington, 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.