

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

Do not use this space.

41166

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 3002
 City Kansas City (No. 407 West 77th Street St. _____ Ward _____)

File No. _____
 Registered No. 5155

2. FULL NAME Mrs. Delia M. Renie

(a) Residence, No. 407 West 77th Street St. 8 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Mrs. Chas. A. Renie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th. 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Kansas City
 (STATE OR COUNTRY) Missouri

13. NAME W. F. Crowley

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

15. MAIDEN NAME M. McMahon

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

17. INFORMANT Mrs. Inc. Smallman
 (ADDRESS) 407 West 77th St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's Cem. DATE 12/30/31

19. UNDERTAKER W. F. Mayberry
 (ADDRESS) City

20. FILED 17 29 1931 M. M. Crover
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28th. 1931

22. I HEREBY CERTIFY That I attended deceased from Dec. 27 1931, to Dec 28 1931

I last saw him alive on Dec 28 1931. Death is said

to have occurred on the date stated above, at 7PM. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

93C
711/30

Other contributory causes of importance

Coronary Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____ (Signed) Frank J. [Signature] M. D.

(Address) 1002 [Address]

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.

WHITE CERTIFICATE, WITH IMPENDING INVA.—THIS IS A PERMANENT RECORD

Medical History

No 4540