

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

Do not use this space.

31755

1. PLACE OF DEATH
 24 County Clay Registration District No. 198 File No. _____
 2 Township Exceller Springs Primary Registration District No. 3011 Registered No. 128
 4 City Exceller Springs No. _____ St. _____ Ward _____

2. FULL NAME Edna Delmont
 (a) Residence, No. Maple apts 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. 7 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1887

7. AGE YEARS 51 MONTHS 1 DAYS 18 IF LESS THAN 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant manager
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 246

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 Mo

FATHER 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Edward C. Keenan
 (ADDRESS) Exceller Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Oct 16 1932

19. UNDERTAKER Robert Hope
 (ADDRESS) Exceller Springs Mo

20. FILED Oct 18 32 J. D. Craven
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1932, to Oct-14, 1932
 I last saw her alive on Oct-14, 1932 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus Date of onset _____
Ascites
Leus.

Other contributory causes of importance: (1)

Name of operation Mary Date of _____
 What test confirmed diagnosis physical exam 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) J. M. Cracker, M. D.
 (Address) Exceller Springs Mo.

