

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Townshp. \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. 2716 Patee street) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME John H. Delaney**

(a) Residence, No. 2716 Patee street 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 17

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

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) Buchanan County Missouri

13. NAME Daniel Delaney

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

15. MAIDEN NAME Elizabeth Whalen

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

17. INFORMANT Mrs Mayme Delaney  
 (ADDRESS) 2716 Patee st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery  
 PLACE St. Joseph Mo. DATE Jan. 8, 1934

19. UNDERTAKER H. O. Sidenbader  
 (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 1-61, 1934 John R. Bender  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933 to Jan 5 1934

I last saw h. im alive on Jan 4, 1934. Death is said to have occurred on the date stated above, at 5:08A m.

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

Broncho-pneumonia Date of onset Dec 31  
82A  
107A  
 Other contributory causes of importance: Central Hemorrhage Dec 30

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chol Was there an autopsy? X

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? X  
 If so, specify \_\_\_\_\_  
 (Signed) Frank J. Hartigan, M. D.  
 (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.

DEATH RECORD

1934

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