

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

Do not use this space.

13
5285

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township East Primary Registration District No. _____
 City J. C. No. Research Hospital (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 1004

2. FULL NAME

Wm Howard Dehoney
 (a) Residence, No. 3410 East 12, 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 Virginia Dehoney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-24-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 10 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept.

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) Mo.

FATHER 13. NAME Howard C Dehoney

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

MOTHER 15. MAIDEN NAME Mary A Anderson

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

17. INFORMANT Mrs. Virginia Dehoney (ADDRESS) 3410 East 12th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings DATE 3/6/34

19. UNDERTAKER Mrs. E. L. Foster (ADDRESS) 918 Brookings Ave.

20. FILED 314 1934 Wm. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/34

22. I HEREBY CERTIFY that Wm Howard Dehoney deceased from _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:
Emphysema of the Chest
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy _____

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? 3408 E. 12th St. No. (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Striking in the Chest

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wm. H. Brown M. D.
 (Address) 3410 East 12th St.

WHITE 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.

