

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

Do not use this space.

16138

1. PLACE OF DEATH

County Clyton
Township North
City St. Albans (No.)

Registration District No. 210
Primary Registration District No. 5289

File No. 5
Registered No. 5
St. Ward)

2. FULL NAME

Joseph Delaney

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 30 1946

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retire 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) Crab Orchard Ky.

13. NAME Uriah Delaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crab Orchard Ky.

15. MAIDEN NAME Mary Mays

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

17. INFORMANT R. J. Baker (ADDRESS) St. Albans Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Albans DATE May 5 1934

19. UNDERTAKER (ADDRESS) F. G. Lyons St. Albans Mo.

20. FILED May 4 1934 John W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from April 29 1932 to May 3 1934
I last saw him alive on April 16 1934. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Heart
Date of onset fourth year

Other contributory causes of importance: none

Name of operation none Date of operation none
What test confirmed diagnosis? clinical (as there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) John W. ..., M. D.
(Address) St. Albans 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.

JUN 20 1934

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