

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

SEP 12 1934

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30476

1. PLACE OF DEATH

County Wells
Township Clay
City Wells

Registration District No. 728

Primary Registration District No. 5961

File No. _____

Registered No. 251

(No. New London Rd St. _____ Ward) _____

2. FULL NAME

Mary Agnes DeLaney

(a) Residence, No. New London Rd 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13th 1915</u>		
7. AGE	YEARS	MONTHS
<u>19</u>	<u>5</u>	<u>6</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>		
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) <u>Pike County Mo</u>		
13. NAME <u>Joseph Trowel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mary Brisscott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Mr Eugene DeLaney Oakwood Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill Pines Mo</u> DATE <u>Aug 22 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>James O'Connell Hannibal Mo</u>		
20. FILED <u>9-10</u> 19 <u>34</u> <u>Mary Shook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to Aug 19 1934
I last saw him alive on Aug 19 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Date of onset 1929

Other contributory causes of importance:
Scrub typhus 1927

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? _____ (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?
If so, specify _____
(Signed) H B Norton M. D.
(Address) Hannibal Mo

WRITE 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.

SEP 17 1946

Handwritten signature

Handwritten mark

Handwritten mark