

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.

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

Do not use this space.

42071

544 JAN 14 1935

1. PLACE OF DEATH 85  
 County Bourbon Registration District No. 1001  
 Township St. Joseph Mo. Primary Registration District No. 1001  
 City St. Joseph Mo. (No. State Hosp # 2) St.                      Ward                     

2. FULL NAME Delia Pool  
 (a) Residence, No. 3943 Main St KC Mo. Ward. 3943 Main KC Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |   |  |
|---|---|---|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>unmarried</u> |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John S. Pool</u>         |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 17, 1858</u>                             |   |   |  |
| 7. AGE YEARS<br><u>76</u>   | MONTHS<br><u>2</u>  | DAYS<br><u>7</u>  | IF LESS than 1 day, ..... hrs. or ..... min.         |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as splanner, 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>Paris Missouri</u>                      |   |   |  |
| FATHER  | 13. NAME <u>Irwin Voage</u>   |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>                                      |   |  |
| MOTHER  | 15. MAIDEN NAME <u>Unknown</u>  |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Virginia</u>                                      |   |  |
| 17. INFORMANT (ADDRESS) <u>Harry Pool 814 St Joseph Mo.</u>                                 |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>                    </u> DATE <u>12-25-34</u> |   |   |  |
| 19. UNDERTAKER (ADDRESS) <u>                    </u>  |   |   |  |
| 20. FILED <u>12-25</u> 19 <u>34</u> <u>John R. Bender</u> Registrar.                        |   |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1934, to December 24, 1934  
 I last saw her alive on Dec 22, 1934. Death is said to have occurred on the date stated above, at 8:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset                       
151 / 131  
 Other contributory causes of importance:                     

Name of operation None Date of                       
 What test confirmed diagnosis? Chin. fluid 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) Georg U. Forman, M. D.  
 (Address) State Hosp # 2 St Joseph Mo.

