

Re...
 JAN 21 1935

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

Do not use this space.

40830

1. PLACE OF DEATH
 County *St. Francois* Registration District No. *775*
 Township *Berry* Primary Registration District No. *6070*
 City *Bonne Terre Mo R-1* (No.) St. Ward (No.)

2. FULL NAME *Michael Alexander Delcour*
 (a) Residence, No. *Bonne Terre Mo R-1* 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

1. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <i>Ada Delcour</i> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 16, 1883</i>				
7. AGE	YEARS <i>51</i>	MONTHS <i>11</i>	DAYS <i>22</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	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) <i>Richwoods</i> (STATE OR COUNTRY) <i>Missouri</i>				
FATHER	13. NAME <i>Louis A. Delcour</i>			
	14. BIRTHPLACE (CITY OR TOWN) <i>Washington Co.</i> (STATE OR COUNTRY) <i>Missouri</i>			
MOTHER	15. MAIDEN NAME <i>Margaret Sencovic</i>			
	16. BIRTHPLACE (CITY OR TOWN) <i>Washington Co.</i> (STATE OR COUNTRY) <i>Missouri</i>			
17. INFORMANT <i>Mrs. M. A. Delcour</i> (ADDRESS) <i>Bonne Terre Mo R-1</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>G. T. Cemetery</i> DATE <i>12/10</i> 19 <i>35</i>				
19. UNDERTAKER <i>Genham, Fred Co</i> (ADDRESS) <i>Bonne Terre, Mo</i>				
20. FILED <i>Dec 10</i> 19 <i>35</i> <i>H. W. Hawkins</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 10*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 1* 19*35*, to *Dec 10* 19*35*
 I last saw him alive on *Dec 1* 19*35*. Death is said to have occurred on the date stated above, at *12:30 A.M.*
 The principal cause of death and related causes of importance were as follows:
Mitral insufficiency
Do not know date of onset
 Date of onset *D.K.*

Other contributory causes of importance:
Chronic Bronchitis

Name of operation *Clinical* Date of *7*
 What test confirmed diagnosis *Clinical* 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 *7*, 19*35*
 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 *None*
 (Signed) *H. W. Hawkins* M. D.
 (Address) *Bonne Terre, Mo*

WHILE PRINTING, 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.

