

FEB 19 1936

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

Do not use this space

schooling
1868

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Columbus Primary Registration District No. 5590
City (No. St. Ward)

File No. _____
Registered No. 3

2. FULL NAME

James C. DeLay
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertie DeLay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 - 1876</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>7</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>Life</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		10. Date deceased last worked at this occupation (month and year) <u>Jan 3 - 1936</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour Co. Mo.</u>		
13. NAME <u>James A. DeLay</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour Co. Mo.</u>		
15. MAIDEN NAME <u>Nellie Maxwell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Alice DeLay</u> <u>Adessa Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adessa Mo</u> DATE <u>Jan 12 - 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Blanche & Sons</u> <u>Adessa Mo.</u>		
20. FILED <u>Jan 16 - 1936</u> <u>Eva Penley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 5 - 1936 to Jan 10 - 1936
I last saw him alive on Jan 10 - 1936 Death is said to have occurred on the date stated above, at 10:20 P.M.
The principal cause of death and related causes of importance were as follows:
Ischemic Myocarditis Date of onset 1923
Chronic Myo. Carditis
Other contributory causes of importance:
Cardiac Arrest
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Y

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? Y
If so, specify _____
(Signed) R. H. DeLay, M. D.
(Address) Adessa Mo.

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.

