

FEB 24 1936

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

Do not use this space.

2793

1. PLACE OF DEATH

County St. Louis Registration District No. Vinton
Township Chadwell Primary Registration District No. 788
City Weston (No. 15 S. Elm) 4471 St. _____ Ward _____

2. FULL NAME

Delia Dickie Block
(a) Residence, No. 15 S. Elm St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 11 16

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. at Home
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) St. Louis Missouri
13. NAME Henry Block
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Missouri
15. MAIDEN NAME Mary Jane Woolfolk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsherry Missouri

17. INFORMANT Morgan O. S. Dan
(ADDRESS) 14 N. 9th and West 13th St. W. St. Louis

18. BURIAL Cremation - Vinton
PLACE Troy Mo DATE Jan 20, 1936

19. UNDERTAKER Parker South Co
(ADDRESS) Weston, Missouri

20. FILED 1-19-36 Jules A. York
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1936 to Jan 17, 1936
I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 0:00 a. m.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 1/17/36

Other contributory causes of importance:
Arteriosclerosis 1935

Name of operation None Date of _____
What test confirmed diagnosis? Physical Exam 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) W. H. Audman, M. D.
(Address) 17 E. Jackson

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.

