MAY 18 1936

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

Do not use this space.

14140

File No. ____

Registered No. 538

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85

Township ~~WASHINGTON~~ — Primary Registration District No. 1001

City ST. JOSEPH, MO. (No. 2020 S. 5TH. St. ____ Ward)

2. FULL NAME FRANK D. DELAY

(a) Residence, No. 2020 S. 5TH. St., ____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HATTIE DELAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 3RD. 1873

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WTCHMN.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LETT'S BOX FACTORY

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) SNOWY ISLAND, (STATE OR COUNTRY) NEBR.

FATHER

13. NAME DAVE DELAY

14. BIRTHPLACE (CITY OR TOWN) DANVILLE, (STATE OR COUNTRY) ILL.

MOTHER

15. MAIDEN NAME LIBBY WOOLF

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. HATTIE DELAY (ADDRESS) 2020 S. 5TH.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. AUBURN DATE April 11, 1936

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 CALHOUN

20. FILED 4-11 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 9TH. 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/6 1936, to 4/9 1936

I last saw him alive on ____, 19____. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days
	1 hour

Other contributory causes of importance: Bronchial Asthma — Several months

Name of operation ____ Date of ____

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 ____, 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) Fenton Wardwell, M. D.

(Address) 1614 W. Mo. ave.

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.