

NOV 4 1936

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

Do not use this space.

393915

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis.** (No. **Mo. Pacific Hospital**)

File No.....
Registered No. **10470**
St. Ward)

2. FULL NAME

JOHN HARVEY DELANO

(a) Residence, No. **619 POST PLACE** St. **K.R.** Ward. **EAST ST. LOUIS, ILL.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **12** 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 **Kate Delano**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 1. 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 **2** **16**

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

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) **Oct. 4, 1936** 11. Total time (years) spent in this occupation **44**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arcadia Missouri**

13. NAME **John Hall Delano**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bunker Hill Illinois**

15. MAIDEN NAME **Martha Harvey**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Plattsburg New York**

17. INFORMANT **Mrs. Kate Delano**
(ADDRESS) **East St. Louis Ill.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **East St. Louis Ill. Oct 17 1936**

19. UNDERTAKER (ADDRESS) **Ch. Kurzweg East St. Louis Illinois**

20. FILED **OCT 17 1936** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 17**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **OCT. 1**, 19**36**, to **OCT. 17**, 19**36**

I last saw him alive on **OCT. 17**, 19**36**. Death is said

to have occurred on the date stated above, at **5:55 A. M.**

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

PARALYTIC ILEUS
ACUTE DILATATION OF STOMACH
cause by appendicitis for which operation was performed

Date of onset
10/12/36

Other contributory causes of importance: **1911**

Name of operation **APPENDECTOMY** Date of **10/10/36**

What test confirmed diagnosis? 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) **J. J. Anderson** M. D.

(Address) **Missouri Pacific Hospital**

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.

RECORD THIS IS A PERMANENT RECORD

