JAN 18 1937

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

Do not use this space.

43719

File No.

Registered No. 61

1. PLACE OF DEATH
County: Barton
Township:
City: Lamar (No. , St. Ward)

Registration District No. 40
Primary Registration District No. 4024

2. FULL NAME: Delana Ann York

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. York

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 13 - 1862

7. AGE: Years 74 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rogers Arkansas

FATHER
13. NAME: James A. Kendrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Eula Harmon, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hake Cemetery DATE: Dec 27 1936

19. UNDERTAKER (ADDRESS): Konantz Funeral Home, Lamar, Mo.

20. FILED: Dec 27 1936 Mrs. Josephine McGrath, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1936, to 12-26, 1936
I last saw her alive on 12-26, 1936. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

Other contributory causes of importance:
Influenza

Name of operation: Date of
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?
If so, specify

(Signed) James A. Atkins, M. D.
(Address) Lamar, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.