

JUL 31 1937

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

Do not use this space.

24950

1. PLACE OF DEATH
St. Louis
County Jefferson Registration District No. 1170
Township Jefferson Primary Registration District No. 6248-H.
City Richmond Heights, Mo. No. 1177 Moorland St. Ward

2. FULL NAME Margaret Hammond Delaney
(a) Residence, No. Paris, Missouri
(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.

File No. _____
Registered No. 134

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Clay Delaney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 30th, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 82. 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Odessa, Missouri
(STATE OR COUNTRY)

13. NAME John Hammond

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Lillian Tritch
(ADDRESS) 1177 Moorland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paris, Mo. DATE June 23rd 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED June 22 1937. Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936 to June 22, 1937
I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

chronic interstitial nephritis

Other contributory causes of importance:

Senility

Name of operation none 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? no
If so, specify D A Thomson, M. D.
(Signed) (Address) 312 N Grand Bl

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.

3021 N. Grand