

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

Do not use this space.

44458

JAN 17 1938

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
 Township Kan Primary Registration District No. ....  
 City Kansas City (No. 7) General Hosp St. .... Ward)

File No. ....  
 Registered No. 130  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 6922 S. Benton Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED - (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Mo

13. NAME Joe Delbeck

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

15. MAIDEN NAME Hazel Grant

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

17. INFORMANT Deirda Clark  
 (ADDRESS) 72 C. Gen Hosp. Verm

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE Aug-21-37

19. UNDERTAKER Quirk-Tolpin  
 (ADDRESS) Woodman

20. FILED Nov 16 1937 M.M. Grove  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-14 1937, to 8-14 1937

I last saw him alive on 8-14 1937. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Stillbirth Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) D. F. De Maria, M. D.

(Address) 72 C. Gen Hosp

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.

