

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Butler
City (No. _____) _____

Registration District No. 763
Primary Registration District No. 4458

File No. 36671
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Joseph Fountain DeLozier

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ✓ mos. ✓ da. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Eva Mickey DeLozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 6 10

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

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 6 - 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garnett, Kan.

13. NAME Fountain D. DeLozier

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

15. MAIDEN NAME Elizabeth Vaughan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given

17. INFORMANT (ADDRESS) Cecil V. DeLozier, 1211 N. W. 1st, Tulsa City, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park ROK DATE Oct 15, 1938

19. UNDERTAKER (ADDRESS) H. C. Austin, Lowry City, Mo.

20. FILED Oct 14, 1938 Sophia L. Stratter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13/1938

22. I HEREBY CERTIFY That I attended deceased from Oct 13 to Oct 13 1938

I last saw him alive on Oct 13, 1938 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Chronic Valvular Heart Disease Date of onset 1860

Other contributory causes of importance: Accident falling from ladder breaking sleeve and falling down back

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident of injury falling

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place. In public place

Character of injury fractures of clavicle
Nature of injury fractures of clavicle

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Leathellon Wright, M. D.
(Address) Lowry City, Mo.

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.

RECEIVED

District Health Officer No. 1.

District File Number 7-38-273

Date Filed 10-26-38