

JUL 14 1939

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

22735  
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE 2 Registration District No. 582  
 (b) Township 1 Primary Registration District No. 4344  
 (c) City PARIS (d) Street No. CALDWELL ST. PARIS, Mo Registered No. 27  
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 450 ALONZO N. DELANEY St. CALDWELL ST., PARIS, MO. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 BELLE B. DELANEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 20<sup>TH</sup> 1854

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
84 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FARMER  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1921 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE CO., Mo. 0

FATHER 13. NAME JOHN DELANEY 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K. 9

MOTHER 15. MAIDEN NAME MARGARET HAMMOND

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT C. F. DELANEY (ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE PRESANT HILL DATE JUNE 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLANEY PARIS, MO.

20. FILED 6-3 1939 J. B. Sarnett, M. D. (Signature) Local Registrar. 9110

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-8- 1939, to June 2 1939  
 I last saw him alive on June 2 1939. Death is said to have occurred on the date stated above, at 12:35 P. M.  
 The principal cause of death and related causes of importance were as follows:

1. Chronic myocarditis and myocardioid degeneration Date of onset 075  
 2. Chronic nephritis  
 3. Senility  
 Other contributory causes of importance: 121

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1939  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) F. A. Bennett, M. D. (Address) PARIS, 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.

65  
4  
0

RECEIVED

District Health Officer No. 10

District File Number 7-39-1221

Date Filed JUL 11 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed: *W. B. Blakey*

Licensed Embalmer No. ~~4000~~ *2614*

P. O. Address *Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.