

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

Do not use this space.

FILED DEC 11 1942

38343

1. PLACE OF DEATH *108* Vernon.
 County Henry. Registration District No. 361
 Township Near Statesbury. Primary Registration District No. 6228 *108*
 City Near Statesbury. (No. 0) St. 0 Ward 0

2. FULL NAME Delia Dempsey.
 (a) Residence, No. 1 St. 0 Ward 0
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 0 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1877.

7. AGE YEARS 65 MONTHS 20 DAYS 23. If LESS than 1 day, hrs. or min.

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

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) Lexington, Mo. (STATE OR COUNTRY) 0

13. NAME James Lyons

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 4

15. MAIDEN NAME Rose Ann McQuinn

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 4

17. INFORMANT W. H. Dempsey. (ADDRESS) Statesbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL East Liberty. PLACE DATE Nov 18, 42.

R. W. McConnell & Son. (ADDRESS) HUME 170

19. UNDERTAKER R. W. McConnell & Son. (ADDRESS) HUME 170

20. FILED Nov 20, 1942 Miss W. L. Charles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1942 to Nov 16, 1942

I last saw him alive on Nov 16th, 1942 Death is said to have occurred on the date stated above, at 8 A. m.

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

Coronary Arteriosclerosis Date of onset 1916

Other contributory causes of importance: 9/4a

Arterio Sclerosis 2 yrs

Name of operation None Date of None
 What test confirmed diagnosis Chinical 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? No
 If so, specify

(Signed) Wm. H. Allen M. D.
 (Address) Hume

1220

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1267

Date Filed 12-4-42