

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

Do not use this space.

33567

1. PLACE OF DEATH

County Henry
Township Lettsville
City Clinton

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 128
St. Ward)

2. FULL NAME

Edward Beck Delozier

(a) Residence. No. St. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 21 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Asceota
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Delozier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Wm Delozier's
(Address) Clinton Mo

15. FILED Oct 15, 1929 Dr. E. C. Paulson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to 10-14, 1929.
that I last saw him alive on 10-7, 1929, and that death occurred, on the date stated above, at 9 0 t. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Impersonation
820
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Progressive Paralysis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH DATE OF

20. WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. C. Walker, M. D.

10-15, 1929 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Debo Cemetery Oct 16 1929

20. UNDERTAKER ADDRESS
Spore & Son Clinton 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.

