

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.

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

Do not use this space.

4454

1. PLACE OF DEATH
#2 County Henry Registration District No. 358
Township Pig Creek Primary Registration District No. 3503
City Chilhowee (No. _____) St. _____ Ward _____
Martha Delaney

File No. _____
Registered No. 3

2. FULL NAME _____
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 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 (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Delaney

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1849
7. AGE YEARS 82 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Indiana (STATE OR COUNTRY) 2

13. NAME Lenord Danner

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

15. MAIDEN NAME Jane Danner

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) 31

17. INFORMANT R. F. Fincannen, (ADDRESS) Chilhowee Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Carville DATE Feb 23 1932

19. UNDERTAKER Sweeney-Cook (ADDRESS) Chilhowee Mo

20. FILED Feb 24 1932 E. G. Hibler Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 22-32

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1931 to Feb 22 1932
I last saw her lived Feb 22 1932 Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis
Chronic
131
152
131
Other contributory causes of importance: Old age (D)

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no.

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) E. G. Hibler M. D.
(Address) Chilhowee Mo

