

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Turney Registration District No. 351 File No. 6031  
Township ..... Primary Registration District No. 4206 Registered No. 2  
City Deep Water (No. ....) St. .... Ward)

2. FULL NAME Virginia May Deloiger

(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. moa. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
3-1-9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) (STATE OR COUNTRY) Mo  
13. NAME Tom Deloiger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hubey Co Missouri  
15. MAIDEN NAME Leona Marie Rayburn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Tom Deloiger (ADDRESS) Deep Water, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wal P. Cem DATE Dec 4 1936

19. UNDERTAKER Tom Hunt (ADDRESS) Deep Water Mo

20. FILED 12-10-36 J J Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 36 to Dec 9, 1936

I last saw her alive on December 3, 1936. Death is said to have occurred on the date stated above, at 1:10 p.m.

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

Acute Bronchitis Date of onset 11/29/36

Other contributory causes of importance: None

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) S W W Wolfers, M. D.  
(Address) Clinton Mo

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.

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Baron October 24