

County of Fresno

State Index No.

Town of *Delovis*

STANDARD CERTIFICATE OF DEATH

Local Registered No. *4222* ✓

City of

(No.)

St.;

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 1b.]

2 FULL NAME *Mrs. Della Drury*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Female white

white

Married

6 DATE OF BIRTH

July 21, 1849

16 DATE OF DEATH

September 25th, 1914

7 AGE

65 yrs., 1 mos., ds. IF LESS than 1 day, hrs. or min?

17 I HEREBY CERTIFY, That I attended deceased from *Sept. 9th, 1914*, to *Sept. 25th, 1914*, that I last saw *her* alive on *September 25th, 1914*, and that death occurred, on the date stated above at *11 P.M.*

THE CAUSE OF DEATH * WAS AS FOLLOWS:

Typhoid fever

8 OCCUPATION

(a) Trade, profession or particular kind of work *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or Country)

New York

10 NAME OF FATHER

William Whitlock

11 BIRTHPLACE OF FATHER (State or country)

Don't know

12 MAIDEN NAME OF MOTHER

Don't know

13 BIRTHPLACE OF MOTHER (State or country)

Don't know

13a LENGTH OF RESIDENCE

At place of death *7* years months
In California *7* years months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed *Sept 26, 1914* at *Delovis* Subregistrar.
Filed *Sept 30, 1914*, *R. M. ...* Registrar or Deputy.

Contributory (Secondary)

(Duration) yrs., mos., ds. *16*
(Signed) *W. E. ...* M. D.
Sept 26th, 1914 (Address) *Delovis, Calif*

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

18 SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS

Former or Usual Residence _____ How long at _____ Days
Where was disease contracted, if not at place of death? _____ Place of Death _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Delovis *Sept 27, 1914*

20 UNDERTAKER

ADDRESS

W. E. ... *Delovis*

My Grandmother, Della Hannah Whitlock Drury

RECEIVED FROM LETTER