

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

1 PLACE OF DEATH

County Jackson

899

10576

1270

Township Kaw

Registration District No. 1032

File No. 1270

Village Kansas City

Primary Registration District No. 2928

Registered No. 1270

City Kansas City

(No. 2928 Charlotte St. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Stacy L. Dillon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Nov. 13, 1858
(Month) (Day) (Year)

7 AGE 57 yrs. 4 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Ohio

10 NAME OF FATHER Geo. W. McElvain

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

12 MAIDEN NAME OF MOTHER Pricella Young

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. W. Dillon
(Address) 2928 Charlotte St.

15 Filed MAR 3 1916 Paul Rogers Registrar

V MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 30, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 24, 1916, to March 30, 1916, that I last saw him alive on March 30, 1916, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
82 A
64
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic alcoholism
Don't know
(Duration) yrs. mos. ds.
(Signed) H. J. ... M. D.
3-31, 1916 (Address) K. S. ...

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place 2 yrs. 6 mos. ds. In the 9 yrs. mos. ds. of death.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL April 2, 1916

20 UNDERTAKER W. J. ... ADDRESS 11 E 9th St.

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.

