

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

38957

1 PLACE OF DEATH  
County Dunklin

Township Kennett  
or Kennett  
Village Kennett  
or Kennett  
City (NO. .... St.; .... Ward)

Registration District No. 284 File No. ....

Primary Registration District No. 4172 Registered No. 139

2 FULL NAME Goldy Gray Dillard

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female

4 COLOR OR RACE white

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Oct 22 1909  
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (City or town, State or foreign county) Kennett Mo

10 NAME OF FATHER James Dillard

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

12 MAIDEN NAME OF MOTHER Minnie C. Cullough

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Minnie Dillard  
(Address) Kennett Mo

15 Filed Oct. 30 1916 J. J. Ryan  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Oct 29 1916  
(Month) (Day) (Year)

17 HEREBY CERTIFY, that I attended deceased from Oct 25 1916 to Oct 28 1916, that I last saw him alive on Oct 25 1916, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH\* was as follows:  
Flux  
130  
1205

(Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) .....  
(Signed) G. M. Egan M. D.  
Oct 29 1916 (Address) Kennett Mo

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Nazze DATE OF BURIAL Oct. 30 1916

20 UNDERTAKER P. A. Wilson ADDRESS Kennett Mo

Revised

# States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH

County Sumner

Registration District No. 288

File No. 129

Primary Registration District No. 4172

Registered No. 129

Relationship Kenneth

(NO.          St.          Ward         )

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

FULL NAME

Goldy May Dillard

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH          (Month)          (Day)          (Year)

7 AGE          yrs.          mos.          ds. If LESS than 1 day          hrs. or          min.?

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

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

10 NAME OF FATHER         

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

12 MAIDEN NAME OF MOTHER         

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)          (Address)         

15 Filed 10/30 1916 Registrar X

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 29 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from          191         to          191         that I last saw him          alive on          191         and that death occurred, on the date stated above, at          m.

The CAUSE OF DEATH\* was as follows: Flu Respiratory (Duration) 14 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) (Duration)          yrs.          mos.          ds. (Signed) W. B. Egbert M. D. (Address) Kennett mo

\*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 of death          days          mos.          ds. In the State          yrs.          mos.          ds. Where was disease contracted if not at place of death?          Former or usual residence         

19 PLACE OF BURIAL OR REMOVAL          DATE OF BURIAL          191        

20 UNDERTAKER          ADDRESS         

Supplementary Certificate  
Satisfactory Information Supplied  
Satisfactory Information Supplied

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

7  
33957  
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*Tuberculosis of lungs, meningés, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)