

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

Do not use this space.

35545

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. 6743 Idaho)..... St. Ward)

File No. 10787
 Registered No. 10787

2. FULL NAME

Jacob Dillmann
 (a) Residence No. 6743 Idaho a St. 1 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. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Dillman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 49

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 4 | 5 |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired 5 yrs
 (b) General nature of industry, business, or establishment in which employed (or employer) Laborer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Gen Dillman
 (Address) 6743 Idaho an

15. FILED NOV 30 1927 May B. Starks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927, to Nov 29, 1927, and that I last saw him alive on Nov 25, 1927, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis

911 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NO (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 Did an OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Emmett Bruce Butler, M. D.
1130, 1927 (Address) C 8 2 904

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olive DATE OF BURIAL 12-1-1927

20. UNDERTAKER Southern ADDRESS 7315
J. Brady

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.

