FEB 21 1928

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

Do not use this space.

4684

1. PLACE OF DEATH

County Harrison — Registration District No. 334 — File No. 41

Township — Primary Registration District No. 4197 — Registered No.

City Bethany (No. ..... St. ..... Ward)

2. FULL NAME Kathrine Dillard

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jonathan Dillard Dec

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/1/1849

7. AGE: Years 78 — Months 5 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework 52 46B
(b) General nature of industry, business, or establishment in which employed (or employer): 108
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

PARENTS
10. NAME OF FATHER: Phineas Wilkinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Isabel Bacon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: ~~M~~ John Riley
(Address) Bethany, Mo

15. FILED 2-10, 1928 W. J. Harned, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to Feb 2, 1928 that I last saw her alive on Feb. 2, 1928, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma & complications
Lobar Pneumonia
Epithelioma of nose with metastases in Stomach (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 48 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernest L. Wood, M.D.
2-5, 1928 (Address) Bethany Mo

*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: Monson Cemetery — DATE OF BURIAL: 2/5 1928

20. UNDERTAKER: S. M. Haas — ADDRESS: Bethany, Mo

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.

PERMANENT RECORD