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

Do not use this space.

File No. 16772
Registered No. 348

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield (No. 928 W Florida St. St. Ward)

2. FULL NAME: A. C. Dillow
(a) Residence. No. 928 W Florida St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emily Ludwood
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 19-1844
7. AGE: Years 83 Months 9 Days 15 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bet Moreleman
(b) General nature of industry, business, or establishment in which employed (or employer): 94 16
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs A. D. Trigsby
(Address): 899 N. Catalpa

15. Filed 5/5 19 28 O. C. Horst M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/4 — 1928
17. I HEREBY CERTIFY, That I attended deceased from the July 17, 1927, last at time, to, that I last saw h. alive on 19..., and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Deceased's daughter reports home that he died suddenly by unknown cause called, but by her testimony and his former attend. Dr. Dr. ds.
CONTRIBUTORY (SECONDARY) on July 17, 27. was last seen by attendant. Penalty, was a [illegible] cause ds.
Death

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At home death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Other above
(Signed) J. M. Brown, M. D.
5/5, 1928 (Address) Springfield 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: Evergreen — DATE OF BURIAL: 5/6 — 1928
20. UNDERTAKER: W. C. Harris — ADDRESS: Springfield

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.

WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD