UG 21 1928

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

Do not use this space.

22913

1. PLACE OF DEATH
County: Barry
Registration District No.: 30
Primary Registration District No.: 3003
File No.:
Registered No.: 58
Township:
City: Monett (No. , St. Ward)

2. FULL NAME Anna Jane Dillinger
(a) Residence. No. St., 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1927

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

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

9. BIRTHPLACE (CITY OR TOWN): Monett
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Elmer Dillinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Oklahoma
12. MAIDEN NAME OF MOTHER: Mary Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

14. INFORMANT: Elmer Dillinger
(Address): Monett Mo

15. FILED 7-24 1928 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to July 23, 1928, that I last saw him alive on July 22, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infantile Scurvy
60
(duration) yrs. mos. 23 ds.

CONTRIBUTORY (SECONDARY): Malnutrition
(duration) yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) Ernest Mitchell, M. D.
, 19 (Address) Monett 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~~: Bethel Cemetery
DATE OF BURIAL: 7-24 1928

20. UNDERTAKER: Calloway's
ADDRESS: Monett

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.