EC 26 928

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

Do not use this space.

35946

1. PLACE OF DEATH
County: Audrain — Registration District No.: 24 — File No.:
Township: Prairie — Primary Registration District No.: 5033 — Registered No.:
City: (No. St. Ward)

2. FULL NAME: Dorothy Ann Dillard

(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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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): Aug 24 - 1921

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
7	2	10	

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

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

PARENTS
10. NAME OF FATHER: Homer Dillard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Audrain Co Mo
12. MAIDEN NAME OF MOTHER: Florence Pasley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Calloway Co Mo

14. INFORMANT: Homer Dillard
(Address): Rush Hill Mo

15. FILED 11-4-1928 W. K. McGeall, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 1 A.M. Nov 3, 1928, to 1:40 PM 11-3-1928 that I last saw her alive on Nov 3, 1928, and that death occurred, on the date stated above, at 1:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro-Spinal Meningitis
Do not know as to whether or not it is Epidemic form
997B (duration) yrs. mos. 7 hrs.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory test of spinal fluid

(Signed) W. K. McGeall, M. D
11-4-, 1928 (Address) Laddonia 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: Laddonia Mo — DATE OF BURIAL: 11-4-1928
20. UNDERTAKER: H G Grainger — ADDRESS: Laddonia