

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

Do not use this space.

1829

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Town Rau Primary Registration District No. 1002
 City Kansas City (No. 3625 Asken Ave) St. Ward
 2. FULL NAME George E. Dillen
 (a) Residence. No. 3625 Asken Ave St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Sallie Ann Dillen
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 9, 1861
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 67 | 5 6 | 13 17
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Landscape Gardener
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Chalsior Argo, Mo.
 (STATE OR COUNTRY)
 10. NAME OF FATHER William Dillen
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Port Knowl.
 (STATE OR COUNTRY) Illness
 12. MAIDEN NAME OF MOTHER Nancy Hartogell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Port Knowl.
 (STATE OR COUNTRY) Penn

14. INFORMANT Mrs. Sallie Ann Dillen
 (Address) 3625 Asken Ave
 15. FILED 1-28-29 7:27 PM Greene
Asst REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26, 1929
 17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Jan. 26, 1929
 that I last saw ~~her~~ alive on Jan. 25, 1929, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
22
102 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY Hypertension
 (SECONDARY) (duration) 1 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 Physical Examination
 (Signed) John H. Reeves, M. D.
1-26, 1928 (Address) 3546 Indiana

*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 Memorial Park DATE OF BURIAL 1/30 1929
 20. UNDERTAKER Greeman Anthony ADDRESS 104 W. 42nd St

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.

