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

Do not use this space.
Mo Reg.
41665

1. PLACE OF DEATH
County: Pettis
Registration District No.: 668
Primary Registration District No.: 3032
File No.:
Registered No.: 361
Township:
City: Sedalia (No. 1620 S Mn St. Ward)

2. FULL NAME: Louis J Hellon

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	widower

MARRIED, WIDOWED, OR DIVORCED
(HUSBAND OF
OR) WIFE OF

DATE OF BIRTH (MONTH, DAY AND YEAR): June 1 - 1844

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	6	20	

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

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

10. NAME OF FATHER: L J Hellon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: Elizabeth Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

INFORMANT: Mrs M L Stratton
(Address): Sedalia Mo

FILED 12-21, 1929 J. E. Kore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Dec 21, 1929, that I last saw him alive on Dec 21, 1929, and that death occurred, on the date stated above, at 12:01 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis +
Endocarditis
13:A
9N.C
A5
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic interstitial nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Do not know
IF NOT AT PLACE OF DEATH: Do not know
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) [illegible], M. D.
Dec 21, 1929 (Address) Sedalia 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: Mt Pleasant cemetery — DATE OF BURIAL: Dec 22 1929

20. UNDERTAKER: Gillespie — ADDRESS: Sedalia

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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PLACE OF DEATH Pettis

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

Sedalia (No. 1620 So Mo St. ..... Ward)

NAME Lewis J. Dillon

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

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

	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Widower

MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1-1844

7.

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	6	20	

8. OCCUPATION OF DECEASED
..... profession, or
..... kind of work .....
..... nature of industry,
..... or establishment in
..... employed (or employer) .....
Name of employer

9. PLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

NAME OF FATHER L. J. Dillon

BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

MAIDEN NAME OF MOTHER Elizabeth Phillips

BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

INFORMANT Mrs Mollie Stratton
(Address) Sedalia Mo

FILED ..... 19..... ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ..... 19 .....

17. I HEREBY CERTIFY, That I attended deceased from ...., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(SECONDARY)

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D

, 19 (Address)

*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	DATE OF BURIAL
Mt Pleasant Cemetery	Dec. 23 1929
20. UNDERTAKER Gillespie	ADDRESS Sedalia

N. B.—Every item of information should be carefully supplied EXACTLY. ...ANS should ... CAUSE OF DEATH in plain ... it may be pr... ...GE should be statement of OCCU...YSICIAN very important. ...ION is ... so that ... Exact ...

THE AMERICAN RED CROSS
PETTIS COUNTY CHAPTER
125½ S. OHIO STREET
SEDALIA, MO.

OFFICE OF THE SECRETARY

December 30, 1930

Re: Dillon, Lewis J.
Civil War Veteran

Mr. James Stewart
State Registrar
Bureau of Vital Statistics
Jefferson City, Missouri

Dear Sir:

Please find enclosed copy of record of death of the above named veteran together with correct data from Mr. Gillispie. Undertaker.

It is very necessary to have all names and date correct in proving a claim against the government.

The corrected name is Lewis J. Dillon

date of burial is Dec. 23, 1929

Informant is Mrs. Mollie Stratton

We would appreciate having these corrections made and a true copy sent to us in order to complete this claim.

Yours very truly,

Mrs. M. D. Norton

Mrs. M. D. Norton, Sec'y.