

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

Do not use this space.

19861

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Montserrat Primary Registration District No. 55933
City..... (No..... St..... Ward)

2. FULL NAME Dean Alden Dillingham

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 11 - 1930</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAY
		<u>0</u>
		IF LESS than 1 day, <u>8</u> hrs. or <u> </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Dr. J. H. ..., 19... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 1/2
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Johnson Co Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. S. Dillingham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ruby Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co. Mo
(STATE OR COUNTRY)

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) Dr. R. Patterson M. D.
6-11-1930 (Address) Warrensburg 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.

14. INFORMANT Geo. S. Dillingham
(Address) Warrensburg Mo

15. FILED June 12, 1930 Dr. R. Patterson
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ellis Cemetery DATE OF BURIAL 6/12 1930

20. UNDERTAKER S. R. Sweeney ADDRESS Warrensburg Missouri

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.

JUL 23 1930

