

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

Do not use this space.

39262

1. PLACE OF DEATH

County Iron Registration District No. 391
Township Armadillo Primary Registration District No. 4230
City Fronton St. _____ Ward _____

File No. _____
Registered No. 68
St. _____ Ward _____

2. FULL NAME

(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)

Ewert Eugene Dillard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1924
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11 20

8. 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 _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo

10. NAME OF FATHER

Ewert Dillard

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

Shannon Co Mo

12. MAIDEN NAME OF MOTHER

Bessie Harris

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

Shannon Co Mo

14. INFORMANT

Max Randalph
(Address) 1706 1/2 Ave St Louis

15. FILED

12/22 1930 Ed Parcher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/21 1930, to 12/21 1930, that I last saw him alive on 12/21 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
1914B/
9201/

CONTRIBUTORY (SECONDARY)

Skull fracture
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Carterville, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Longley M. D.

12/22 1930 (Address) Fronton, 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

DATE OF BURIAL

Atlat River, Mo 12-22 1930

20. UNDERTAKER

ADDRESS

Arman White & Son Fronton, Mo

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.

19 1931

WRITE PLAINLY, WITH CHANGING INITIALS TO A CERTAIN EXTENT

