

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

3969

File No. _____
Registered No. 1218
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. _____
City _____ No. City of Jefferson

2. FULL NAME

John Dillon
(a) Residence No. 5800 Arsenal St. 13 Ward.

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>Widower</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-23-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>-</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

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

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

PARENTS	10. NAME OF FATHER <u>David J Dillon</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Scotland</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Jean Carr</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Scotland</u> (STATE OR COUNTRY)

14. INFORMANT Mrs Effinger
(Address) City of Jefferson

15. FILED 311 19 31 5800 Arsenal St
Max [unclear] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 28, 1931 that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

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

18. WHERE WAS DISEASE CONTRACTED 930
(1) MEANS WAS DISEASE CONTRACTED _____ NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Chp. findings
(Signed) L. F. Kump, M. D.
, 19 _____ (Address) City of Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CRIMES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL; CREMATION, OR REMOVAL Wash - Union DATE OF BURIAL 31
1931

20. UNDERTAKER Walter Richter ADDRESS 3500 Rutger

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

