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

Do not use this space.

19180

File No. 56

Registered No.

1. PLACE OF DEATH
County St Louis
Township Central
City Webster Groves (No. 623, Cornell Ave St. Ward)

Registration District No. 788
Primary Registration District No. 4471

2. FULL NAME Emma Dillard
(a) Residence, No. 623 Cornell ave St., 1st 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: Female
4. COLOR OR RACE: Sold
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-14-1861

7. AGE: Years 69 Months 8 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co.

FATHER
13. NAME: Eliga Madison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Fannie Beasley 623 Cornell ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Allington Mo DATE: 5-28, 1931

19. UNDERTAKER (ADDRESS): J Lewis Webster Groves Mo.

20. FILED: 5/27, 1931 Dr. A. W. Westrup
G. Cusack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/24th, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/24th, 1931, to 5/27th, 1931
I last saw h. alive on 5/25th, 1931. Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
3 Congestive Chills	
1815	
2000	

Other contributory causes of importance:
age

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
none
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. Blanpell Elly, M. D.
(Address) 1112 Bolyn Ave Webster Groves

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION required.

JUN 22 1931