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

Do not use this space.
22034

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 70
City Chillicothe (No. 1805, W. Clay St., 4 Ward)

2. FULL NAME Robert Seth Dilley
(a) Residence, No. 1805 West Clay St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Mrs Cora Chowning Dilley.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1853
7. AGE: YEARS 78 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 27
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) 1917
11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.

FATHER
13. NAME John Dilley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Frank Elliott 1805 West Clay St. Chillicothe Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE June 30 31
19. UNDERTAKER (ADDRESS) Meiners Lagen & Marshall Chillicothe Mo. (R. M. Marshall)
20. FILED 6/29 1931 R. Barney Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 28, 1931
I last saw him alive on June 28, 1931. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	6/24/31
108	
31	

Other contributory causes of importance: Arterio-Sclerosis

Name of operation None — Date of X
What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X — Date of injury X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify
(Signed) [signature] M.D.
(Address) Chillicothe Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 25 1931