

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

Do not use this space.

22886

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. 791  
Primary Registration District No. 11008  
No. 3816 Russell Ave

File No.....  
Registered No. 6318  
St..... Ward)

**2. FULL NAME**

James Paul Dillon  
(a) Residence. No. 3816 Russell Ave St. 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 - 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
18 11 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Clerk Office  
(b) General nature of industry, business, or establishment in which employed (or employer) National Life Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) MO

**PARENTS**  
10. NAME OF FATHER John Dillon  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) MO  
12. MAIDEN NAME OF MOTHER Elizabeth Ryan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) MO

14. INFORMANT John Dillon  
(Address) 3816 Russell Ave

15. FILED June 30 1931 Wm C. Hartley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to June 4, 1931, that I last saw him alive on June 4, 1931, and that death occurred, on the date stated above, at 2 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
23 M  
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 23  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Y. Ray Henry G. Harris M. D.  
, 19 (Address) 3866 Casselman Ave

\*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 Calvary Cem DATE OF BURIAL June 8 1931

20. UNDERTAKER Thomas J. Fried ADDRESS 1519 S Grand St

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.

RECORD THIS IS A PERMANENT RECORD

