Cunningham

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

Do not use this space.

38598

3193

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. 316, Maryland St. Ward)

2. FULL NAME George T Dillender
(a) Residence, No. 316 Maryland St., 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-5-47

7. AGE: YEARS 84 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R R - Bridges
10. Date deceased last worked at this occupation (month and year): about Mysago
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty, Ky

FATHER
13. NAME: John Dillender
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Phoebe Ogden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Dillender Nephews Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Riverview DATE: 11/27 1931

19. UNDERTAKER (ADDRESS): F C Haley Jr Louisiana Mo

20. FILED 11/24 1931 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1931, to 11-25, 1931
I last saw him alive on 11-25, 1931. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	
1931	
936	
131	

Other contributory causes of importance:

Chronic Nephritis -

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — 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.
Manner of injury: None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Louisiana 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.