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.

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

Do not use this space.

16197

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1990

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Jennie Carlson Dille

(a) Residence, No. 2626 Campbell St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John V. Dille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 10, 1865

7. AGE: YEARS 67 — MONTHS 4 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home 235
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): Sweden 24

FATHER

13. NAME: Adolph Carlson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): John V. Dille, 2626 Campbell St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: May 18, 1932

19. UNDERTAKER (ADDRESS): Shue & McClure, 3235 Wellham Blvd.

20. FILED: 5/17, 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at A. m. 3:15

The principal cause of death and related causes of importance were as follows:

Accidental Automobile Hemorrhage, KCMO — Date of onset

210M 210 (8) (7)

Other contributory causes of importance:— Pedestrian — 2 00

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury 5/15/32
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: Pedestrian
Nature of injury: Fracture Skull

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

(Signed) Stanley M. Hall, M. D.
(Address) Deputy Coroner