

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

Do not use this space.

22941

PLACE OF DEATH
County Henry Registration District No. 14
Township Windsor Primary Registration District No. 424
City Windsor (No.) St. Ward (No.)

File No.

Registered No. 20

2. FULL NAME Alfred G. Dillon

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 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 Mollie Dillon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Calhoun Missouri

13. NAME Thomas Dillon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Millie Askins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Cleve Lambert Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo DATE July 5-33

19. UNDERTAKER (ADDRESS) Windsor Missouri

20. FILED July 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3-33, 1933

I HEREBY CERTIFY, That I attended deceased from June 14 1933, to July 3 1933

I last saw him alive on June 20 1933. Death is said to have occurred on the date stated above, at 8 m.

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

mitral Regurgitation
72 H
132 H
97 a
Other contributory causes of importance: hypertension

Name of operation Date of 510

What test confirmed diagnosis? Chm 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) T. J. Jennings M. D.

(Address) Windsor Mo.

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.

AUG 20 1933

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