

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

Do not use this space.

24264

1. PLACE OF DEATH

County St. Louis
Township Boulton
City Hickwood Mo (No. Old Gables Home)

Registration District No. 785-
Primary Registration District No. 3237

File No.
Registered No. 179
St. Ward)

2. FULL NAME

Alice Dillman
(a) Residence, No. 711 S. Hickwood Rd. Ward. Hickwood Mo
(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 <u>G</u>	4. COLOR OR RACE <u>H</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 1861</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
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) <u>Mo</u>		
13. NAME <u>Enoch Alexander</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Loranda Moore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Lawrence Daulby</u> (ADDRESS) <u>4511 Nath. Bridge Road</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Daveyville Ill</u> DATE <u>July 29 1933</u>		
19. UNDERTAKER <u>Louis H. Barnett</u> (ADDRESS) <u>Hickwood</u>		
20. FILED <u>7-27 1933</u> <u>C. E. Barnett M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1933, to 7-26 1933
I last saw her alive on 7-26 1933 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Chronic Myocarditis
Arteriosclerosis
Date of onset 7-26-33

Other contributory causes of importance:
2 yrs

Name of operation Clinal Date of na
What test confirmed diagnosis? na Was there an autopsy na

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? na
If so, specify

(Signed) C. E. Barnett M. D.
(Address) 704 S. 1st St. Hickwood 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

MATERIAL RESERVED FOR BINDING

