

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

Do not use this space.

35075

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1002
City St Louis No. Mo. Babylot Hosp.

File No.
Registered No. 9288
St. Ward)

2. FULL NAME

(a) Residence, No. Jerome F. Dillon St. Ward. St Louis Co
(Usual place of abode) Madisonville (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>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 1898</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>7</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Co Mo</u>		
FATHER	13. NAME <u>Patrick Dillon</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Martha J.</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Gayola Dillon</u> (ADDRESS) <u>St Louis Co</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>Oct 30 1937</u>		
19. UNDERTAKER <u>Reynolds Truck Co</u> (ADDRESS) <u>749 Maple St</u>		
20. FILED <u>10/28 1937</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at 1:50 Pm.
The principal cause of death and related causes of importance were as follows:
Encephalitis (epidemic) Date of onset 17 1070 1937

Other contributory causes of importance:
Hemorrhagic pyelitis
Broncho-Pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....
If so, specify.....
(Signed) Harold Debus M.D.
(Address) 1028 E. Karner

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.

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