

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

Do not use this space.

35495

PLACE OF DEATH

County Worth
Township Witchhall
City Front City (No. _____)

Registration District No. 903
Primary Registration District No. 4545

File No. _____
Registered No. 31
St. _____ Ward _____

FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Larah Dilley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1848
7. AGE YEARS 84 MONTHS 11 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) 1915 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Liviana Dilley

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

MOTHER 15. MAIDEN NAME Mrs. Kroger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Missouri

17. INFORMANT (ADDRESS) Murray Dilley Front City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Front City DATE Oct 2 1933

19. UNDERTAKER (ADDRESS) J. C. Dunfee Front City, Mo.

20. FILED 103-1933 John Heedeen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1933

22. I HEREBY CERTIFY That I attended deceased from Oct 2 1933 to Oct 7 1933

I last saw him alive on Oct 3 1933 Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Hepatitis -
132 H.
132

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? ✓

If so, specify _____

(Signed) J. K. Hall, M. D.

(Address) Franklin

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.

