

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.

35496

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Dilly		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18, 1941		
7. AGE 81	YEARS 10	MONTHS 29
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation Life
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) Sept 1933		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Missouri		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Missouri		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Missouri		
17. INFORMANT Murray Dilly		
18. BURIAL, CREMATION, OR REMOVAL Buried in cemetery		
19. UNDERTAKER John C. Dingle		
20. FILED 10/8/55 John D. Dingle Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1933	22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933 to Oct 7, 1933 I last saw him alive on Oct 8, 1933 Death is said to have occurred on the date stated above, at 7 P. M. The principal cause of death and related causes of importance were as follows: acute Nephritis coma 1941 B 130 102 Other contributory causes of importance: Age, 81 Fracture of right femur at neck Name of operation Date of What test confirmed diagnosis? 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 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) John Anderson, M. D. (Address) Frank City Mo.
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