

MAR 24 1934

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

Do not use this space.

1508-a
1934
File No. _____
Registered No. 511
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township _____
City Kansas City (No. 1333 McGee)

Registration District No. 399
Primary Registration District No. 1568

2. FULL NAME Mrs. Jessie M. Dillon

(a) Residence, No. 1333 McGee St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew F. Dillon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17th 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cameron
(STATE OR COUNTRY) Missouri

13. NAME Paul Knanner

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

15. MAIDEN NAME Nancy Stone

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

17. INFORMANT S. L. Moor
(ADDRESS) 131 No. White

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington Cem DATE 2/3/34, 1934

19. UNDERTAKER City
(ADDRESS) City

20. FILED 2/2 34 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21st, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Jan 31, 1934

I last saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Chronic myocarditis Date of onset _____

asc

Other contributory causes of importance: _____

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 _____, 1934

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 9 M. Frankentunger M.P. M. D.
(Signed)

(Address) 824 Ruess Bldg.

