MAR 24 1934

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

Do not use this space. 5

1517-8

1. PLACE OF DEATH
County Jackson — Registration District No. 799
Township Home — Primary Registration District No. 1803
City Kansas City (No. 3939 Agnes St. Ward)
File No. — Registered No. 497

2. FULL NAME Sydney Dills
(a) Residence, No. 3939 Agnes St., Ward.
(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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie B. Dills
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 1856
7. AGE YEARS 77 MONTHS 9 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME B. F. Dills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Sarah M. Beedley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Kenneth O. Dills 3939 Agnes, Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE 2/2/34 19
19. UNDERTAKER (ADDRESS) Mr. C. L. Foster General Hospital #2
20. FILED 2/1 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1934
22. I HEREBY CERTIFY That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on May 2 1933. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute heart failure
Chronic myocarditis
failing compensation over a long period of time

Other contributory causes of importance:
Chronic Nephritis

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? no
If so, specify
(Signed) Glen H. Beezley M.D., M. D.
(Address) 1232 Professional Bldg. Kansas City

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.