

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Camden Registration District No. 651
 Township Little Prairie Primary Registration District No. 8-862
 City St. R 2 (No. _____) St. _____ Ward _____
Micala Leona Dilline

File No. 2076
 Registered No. 32

2. FULL NAME

(a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Dilline
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1897
 7. AGE YEARS 36 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
 10. Date deceased last worked at this occupation (month and year) Jan. 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunting Tenn

13. NAME Natha Janssel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunting Tenn

15. MAIDEN NAME Julia Walter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunting Tenn

17. INFORMANT Jim Dilline
 (ADDRESS) St. R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Cem DATE 1-12-1934

19. UNDERTAKER Heaman Undert Co
 (ADDRESS) St. R 2

20. FILED March 24 1934 Ada Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-11-1934, to 1-11-1934

I last saw her alive on 1-11-34, 19____. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Acute Cardiac failure
93A

Date of onset

Other contributory causes of importance:

none

Name of operation neg 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? neg 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 Accidental

Nature of injury Stroke

24. Was disease or injury in any way related to occupation of deceased?

If so, specify neg

(Signed) W. H. Janssel, M. D.

(Address) St. R 2, Mo.

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Pennsylvania

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mecala Lecona Deldine
Who died at _____ on Jun 11-1937
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: Years 36 Months 4 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: ac. Cardiac failure
Myocarditis Acute

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar Ada Martin

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McGaugh M.D.
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Reg. Dist. No. 651
Primary Reg. Dist. No. 5862

Special Agent.

S-2076-B

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