MAY 25 1934

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

Do not use this space.

File No. 13777
Registered No. 668

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 3032
City: Sedalia Mo. (No. 1216 E 4th St. Ward)

2. FULL NAME: Donald Albert Dillon
(a) Residence, No. 1216 E 4yh 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15 1932

7. AGE: Years 1 | Months 8 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Sedalia Mo

FATHER
13. NAME: Albert Dillon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Versailes Mo.

MOTHER
15. MAIDEN NAME: Lillian Hohimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedalia Mo.

17. INFORMANT (ADDRESS): Albert Dillon Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 4/7/34, 1934

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia Mo.

20. FILED 4-7-1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from APRIL 4, 1934, to APRIL 4, 1934
I last saw him alive on APRIL 4, 1934. Death is said to have occurred on the date stated above, at 6.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
108	
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? No
If so, specify
(Signed) C. Gordon Stauffacher, M. D.
(Address) 5th + Engineer - Sedalia, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD