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

Do not use this space.

JUN 29 1934

File No. 21712

Registered No. 22

1. PLACE OF DEATH
County: St Louis
Township:
City: Maplewood Mo (No. ..... St. ..... Ward)

Registration District No. 781
Primary Registration District No. 4469

2. FULL NAME: George W Dillingham
(a) Residence, No. 7568 Compton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10 - 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	86	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Worker
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): 1919
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Marguerite Fisher
(ADDRESS) 7568 Compton Ave Maplewood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nat. Cem. Jefferson Barracks DATE: Wed. June 20, 1934

19. UNDERTAKER: Jay B Smith
(ADDRESS) 7456 Manchester Maplewood Mo.

20. FILED: June 18, 1934 Pauline Brem[illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): , 19

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934, to June 17th, 1934
I last saw him alive on June 17th, 1934. Death is said to have occurred on the date stated above, at 3:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastases to liver	2

Other contributory causes of importance: Extensive Cancerous involved secondary anemia, profound jaundice none

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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: , 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) J. O. McCarthy M. D.
(Address) 6671 E Big Bend Rd

N. B.—Every [illegible] 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.

Dear

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#2 St. Louis County

DEPARTMENT OF COMMERCE June

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

22

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: George W Dillingham

Who died at Maplewood Mo on June 17th 1934

Residence: No. 7568 Comfort St.

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years____ Months____ Days____

Sex M Color or race W ~~Single~~, ~~married~~, widowed or ~~divorced~~:

Date of birth____ Age: Years____ Months____ Days____

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:

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 J. H. McCarthy

Address of physician 6715 Big Bend

Signature of Registrar Pauline Bredenstein

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.

Special Agent.

Reg. Dist. No. 786

Primary Reg. Dist. No. 4469

MARGIN RESERVED FOR BINDING
V. S. NO. 2

S-21712