

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

Do not use this space.

AUG 29 1934

PLACE OF DEATH

County Marion
Township X
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3079

File No. 25476
Registered No. 206
St. Ward

2. FULL NAME

Catherine Dillingham
(a) Residence, No. 317 Magnolia St., Ward.

(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 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 Wm. H. Dillingham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1899
7. AGE YEARS 35 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Joshua P. Richards

14. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ella Holmes

16. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. J. P. Richards (Father) (ADDRESS) 311 N. Hayden, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside DATE July 10, 1934

19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 Broadway, Hannibal, Mo

20. FILED July 14, 1934 R. H. Schreiber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1934
22. I HEREBY CERTIFY that I attended deceased from April 1, 1934 to July 8, 1934
I last saw her alive on July 8, 1934. 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:

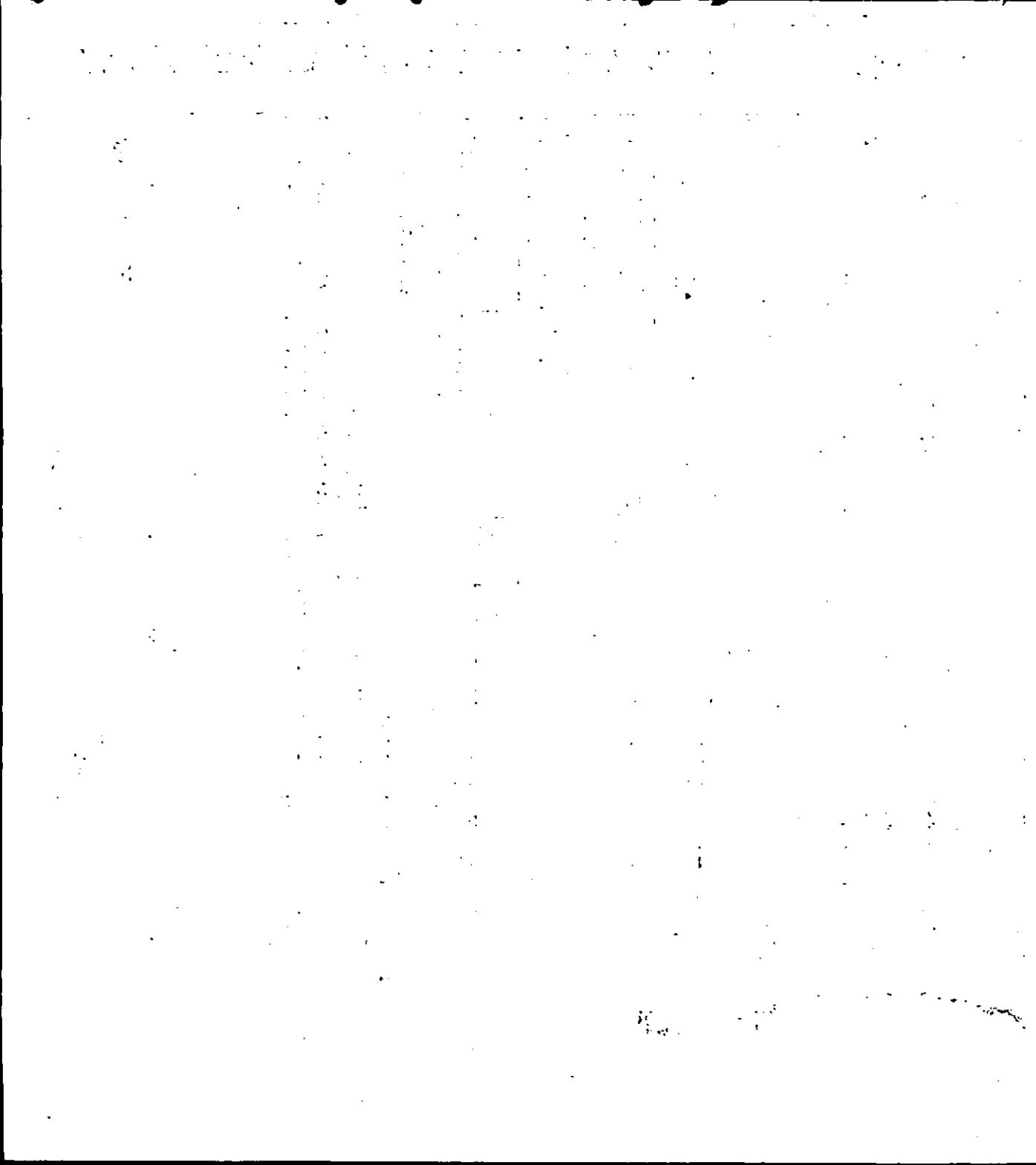
Acute post-operative nephritis
Generalized toxemia
Other contributory causes of importance: 130
Name of operation Nephrectomy Date of June 22, 1934
What test confirmed diagnosis? urine Was there an autopsy?

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?
If so, specify
(Signed) C. J. Richards M. D.
Address 1001 Cedar Street, Hannibal, Mo

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.



#2 *Marion Hannibal*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

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

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: Catherine Dilleugham
Who died at Lewising Hosp. on July 8th 1934
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 35 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: Ac. post operative nephritis
Melan of cervix - ovarian cyst - chronic appendicitis

Other contributory causes of importance Generalized toxemia

Name of operation amputation - om Date of non Resected _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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 E. M. Luce Date filed Sept-10-34

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. McLaugh
M. D.

Special Agent.

Reg. Dist. No. 547

Primary Reg. Dist. No. 3029

DEPARTMENT OF COMMERCE
BUREAU OF CUSTOMS

REGISTER

S-25476