

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.

96  
33  
4

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

Do not use this space.

DEC 21 1934

**1. PLACE OF DEATH**

County St. Louis Registration District No. 333  
Township St. Ferdinand Primary Registration District No. 4468  
City Ferguson (No.     ) St.      Ward     

File No. 40548  
Registered No. 222

**2. FULL NAME**

William Elisha Dillow  
(a) Residence, No. St. Louis 66 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucinda Estes Dillow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1855</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>3</u>
		DAYS
		<u>9</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Callaway County Mo</u>		
FATHER	13. NAME <u>Washington Dillow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Thomas Dillow</u> (ADDRESS) <u>St. Louis Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>No grave Mo</u> DATE <u>Nov 14</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. H. Allen &amp; Sons Co</u> (ADDRESS) <u>100 W. Howard St. St. Louis Mo</u>		
20. FILED <u>11/12/1934</u> <u>H. G. Zettler</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1<sup>st</sup>, 1933, to Nov 10<sup>th</sup>, 1934  
I last saw him alive on Nov 10<sup>th</sup>, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
93%  
99%  
Other contributory causes of importance:  
Arterio-sclerosis

Date of onset	<u>11.1.33</u>
	<u>11.1.33</u>

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) H. T. Coffman, M. D.  
(Address) Pattonville Mo.

