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.

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

DEC 20 1935

Do not use this space.

38234

1. PLACE OF DEATH
County Salem
Township Blackwater
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 798
Primary Registration District No. 6042

File No. .....
Registered No. .....

2. FULL NAME Benjamin F. Dillard
(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: Male
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 Alice Jordan Dillard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Pettis Co. Mo.

FATHER
13. NAME James Dillard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Ellen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo

17. INFORMANT (ADDRESS) Bryan Dillard Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell DATE Nov 25 1935

19. UNDERTAKER (ADDRESS) P. W. Campbell Marshall Mo.

20. FILED Dec 16 1935 E. L. Chinwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1930, to 11-22, 1935
Last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 11-22-35

Mr Dillard sick only 30 mins symptoms typical of cerebral hemorrhage

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. Simmons, M. D.
(Address) Marshall Mo.