

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

Do not use this space.

4763

1. PLACE OF DEATH

County Buchanan

Registration District No. 86

Township Washington

Primary Registration District No. 5127

City St. Joseph

(No. South 12th St. Road. Route 5. St. Ward)

File No.

Registered No. 15

2. FULL NAME Eliza Belle Dillon

(a) Residence, No. Route #5. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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 Aaron H. Dillon.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1858.

7. AGE YEARS 83 MONTHS 0 DAYS 16 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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Jacob Oder

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Hunter

16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY)

17. INFORMANT Aaron H. Dillon (ADDRESS) Route 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Church DATE Feb. 26, 1936

19. UNDERTAKER Fredrick Clark (ADDRESS) 5125 King Hill Av.

20. FILED Feb. 25, 1936 Dr. B. W. Tadlock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1936, to , 19 .

I last saw him 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:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Hypertension & arteriosclerosis

Name of operation Ch. Test Date of

What test confirmed diagnosis? Ch. Test 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?

If so, specify

(Signed) Forrest Thomas Coroner

(Address) 731 Larson

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