

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.

MAR 23 1936

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

Do not use this space.

6612

1. PLACE OF DEATH

County Lawrence
Township Lincoln
City Miller (No.)

Registration District No. 469
Primary Registration District No. 5-630

File No.
Registered No. 7
St. Ward)

2. FULL NAME

William Henry Dilday
(a) Residence, No. Miller, Mo. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1856		
7. AGE YEARS 79	MONTHS 9	DAYS 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		
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) Wade Co. Missouri		
13. NAME Jason Dilday		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME Martha Steeley		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade Co.		
17. INFORMANT Miss Bessie Dilday (ADDRESS) Miller, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 1936		
19. UNDERTAKER Morning Sunner Funeral Home (ADDRESS) Miller, Mo.		
20. FILED 3-10 1936 W. S. Bruner Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1936 to 2-17-1936
I last saw him alive on 2-17-1936. Death is said to have occurred on the date stated above, at 10 P. M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
accompanied by cerebraloplegia
Other contributory causes of importance:
100

Name of operation: Stomachy Date of operation:

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) W. S. Bruner, M. D.
(Address) Miller, Mo.

