

MAY 22 1936

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

Do not use this space.

11683

1. PLACE OF DEATH

County Montgomery, Co. Mo.
Township
City (No.)

Registration District No. 5-89
Primary Registration District No. 5-7872

File No.
Registered No. 10
St. Ward

2. FULL NAME Peter Dillon

(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 <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 <u>Mary Dillon</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30, 1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>6</u>
	DAY <u>26</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this <u>77</u> yr. occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

FATHER 13. NAME Wm. Dillon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Ohio,

MOTHER 15. MAIDEN NAME Ruth McPherson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Ohio

17. INFORMANT Mary Dillon (ADDRESS) Olney, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Burial PLACE Academy, Montgomery Co. Mo. DATE 3/28/36

19. UNDERTAKER W. P. Vorund (ADDRESS) Siles, Mo.

20. FILED April 14, 1936 E. A. Boer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 26, 1936
I last saw him alive on March 25, 1936 Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

Double lobar Pneumonia
Influenza
Date of onset

Name of operation None 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? 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) W. P. Vorund, M. D.
(Address) Siles, Mo.

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.

