WRITE PLAINLY, WITH UNFADING INK

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.

JUN 6 1936

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

Do not use this space.

21155

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5364

City St. Louis Children's Hospital (No. ..... St. ..... Ward)

2. FULL NAME Jack Vincent Dill

(a) Residence, No. ..... St., N R Ward. Sullivan, Mo.
(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: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-35

7. AGE: YEARS 1 MONTHS 13 DAYS 15 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. Child
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) Sullivan, Mo.

FATHER
13. NAME Hugh Dill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Edithe Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

17. INFORMANT (ADDRESS) I. K. Blum 500 So Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Mo DATE May 24 1936

19. UNDERTAKER (ADDRESS) Albert H Hotte Inc 429 North Euclid Ave

20. FILED MAY 21 1936 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-8-1936, to 5-20-1936

I last saw him alive on 5-20-1936. Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia
Empyema

Date of onset

108

Other contributory causes of importance:

Name of operation Thoracostomy Date of 5-20-36

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? No (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) A K Eveloff, M. D.

(Address) 500 So Kingshighway