

DEC 3 1936

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

Do not use this space.

38327 7

1. PLACE OF DEATH

County Macon Registration District No. 533
Township Hudson Primary Registration District No. 5713
City _____ No. _____ St. _____ Ward _____

File No. _____

Registered No. 115

2. FULL NAME

Edgar J. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 3 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business
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) Union, Mo

FATHER
13. NAME Nathan Dillon

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

MOTHER
15. MAIDEN NAME Mary Masters

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

17. INFORMANT J. J. Hernandez
(ADDRESS) Corning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joseph's DATE 10/14, 1936

19. UNDERTAKER White Star
(ADDRESS) Macon, Mo

20. FILED 11/9, 1936 Leo Krentler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 8:30 m.

The principal cause of death and related causes of importance were as follows:
Inquest - Edgar J. Dillon, cause of death by drowning - accidentally

Other contributory causes of importance:
1837

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/10, 1936

Where did injury occur? Macon, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place Sanatorium

Manner of injury Drowning
Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) W. W. G. Cook, Cor M. D.

(Address) Elmer, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. None of the categories supplied. None should be stated EXACTLY. PHYSICIANS should state

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS

S-38327

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

Has decedent ever served in military or naval service of the U. S. ? If so give name of War.....

I, F. M. Alvord Licensed Embalmer No. 60 hereby certify

the body recorded on the reverse side of this certificate was embalmed by Albert Skinner, MacON, MISSOURI.

No. 5751 or by Registered student No.
working under my personal supervision.

Signed, F. M. Alvord

Licensed Embalmer No. 60

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).

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

Do not use this space.

1. PLACE OF DEATH

County Macon

Registration District No. 6-33

File No. _____

Township _____

Primary Registration District No. 3027

Registered No. _____

City Macon (No. _____)

St. _____ Ward) _____

2. FULL NAME

Edgar J. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 4 28

Drowned accidentally Date of onset _____

No boat involved

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

Other contributory causes of importance: presenile depression

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental of injury 10/10, 1936

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

Where did injury occur? Macon, Mo (Specify city or town, county, and State)

15. MAIDEN NAME _____

Specify whether injury occurred in industry, in home, or in public place. _____

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

Manner of injury _____

Nature of injury _____

17. INFORMANT (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

(Signed) R. H. Still M. D.

19. UNDERTAKER (ADDRESS) _____

(Address) Macon Mo

20. FILED 11/9, 1936 Leo H. Newkirk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SPECIAL INVESTIGATION