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

DEC 18 1936

Do not use this space.

40837

1. PLACE OF DEATH,
County Daviess
Township Benton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 254
Primary Registration District No. 4-254
File No. 39
Registered No. 244

2. FULL NAME Barney Dilley

(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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lucindia Dilley (Deceased) Pride.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	9	X	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Daviess
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry Dilley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Minerva Cooper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Mable Dilley
(Address) Pattonsburg Mo

15. FILED 11-2-36, 19 Nancy C Sutton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2-36 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
and I last saw him alive on 11-2, 1936, and that death occurred, on the date stated above, at 8-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostate Hypertrophy
137
..... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Dehydration
..... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John Gantner, M. D.
19 32 (Address) Pattonsburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Webb
DATE OF BURIAL: 11-3-36 19

20. UNDERTAKER: G Gromer Pattonsburg Mo
ADDRESS

Nov. 25—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.