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.

DEC 3 1936

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

Do not use this space.

42858

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4429 West Pine Blvd. St. ..... Ward)

File No. .....

Registered No. 11415

2. FULL NAME Margaret G Dillon

(a) Residence, No. 4429 West Pine Blvd. St., 19 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: Female

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: Late James Dillon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8, 1868

7. AGE: YEARS 68 | MONTHS 0 | DAYS 8 | 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. Housewife

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): Elizabeth New Jersey

FATHER

13. NAME: John Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER

15. MAIDEN NAME: Ellen Geary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): Helenita G. Schappner 4429 West Pine Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elizabeth N.J. DATE 11-17 1936

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED NOV 17 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1936 to Nov 16, 1936

I last saw her alive on Nov 16, 1936 Death is said to have occurred on the date stated above, at 3:50 P.m.

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

	Date of onset
Cere Real Hammerhage	11-5-36
131	
Other contributory causes of importance:	
Nephritis	2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. clinical as 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) [signature] M. D.

(Address) 6627 Lillian Ave. St. Louis Mo.

Dr. Farley
6627 Lillian
ave