

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

115 NOV 18 1937
1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. State Hosp #2)
2. FULL NAME Elizabeth Dillon
(a) Residence, No. Kansas City, Mo. St. _____ Ward. Laura Lee, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

43849
File No. _____
Registered No. 1544
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 26, 1869</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <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. <u>Laundry Work</u>			
	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) <u>Kansas City, Mo.</u>				
FATHER	13. NAME <u>Christopher Dillon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Mary Elizabeth Halpin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>			
17. INFORMANT (ADDRESS) <u>Records - State Hosp #2</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>St. Marys Cem</u> DATE <u>Dec 20, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Zwick & Tabern Co</u>				
20. FILED <u>Dec 18, 1936</u> <u>A. C. Tho</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 17, 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 2, 1936</u> , to <u>Dec 17, 1936</u> .	
I last saw her alive on <u>Dec 17, 1936</u> Death is said to have occurred on the date stated above, at <u>7:30 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis with General Arteriosclerosis</u>	
Other contributory causes of importance: <u>None</u>	
Name of operation <u>None</u>	Date of _____
What test confirmed diagnosis? <u>Clinical</u>	Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>E. Preston Davison M.D.</u> (Address) <u>State Hospital #2</u>	

8988 St. Joseph, Mo.

