JUL 25 1936

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

Do not use this space.

48495

1. PLACE OF DEATH

County Oregon — Registration District No. 632 — File No.

Township — Primary Registration District No. 4382 — Registered No. 21

City Thayer (No. , St. Ward)

2. FULL NAME Unnamed (daughter of Archie + Anna Dillinger)

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-24-1936.

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

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): Thayer - Mo

FATHER

13. NAME: Archie Dillinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas.

MOTHER

15. MAIDEN NAME: Anna Muss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas.

17. INFORMANT (ADDRESS): Archie Dillinger Thayer - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thayer Mo DATE 6/25 - 1936

19. UNDERTAKER (ADDRESS): Leo Carr

20. FILED June 24 1936 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-24-1936

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 m.

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

Stillborn

Birth injury

Date of onset

Other contributory causes of importance:

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? 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) C. W. Cooper, M. D.

(Address) Thayer Mo.

(Vectes

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.

10M-3-28-35