

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

Do not use this space.

SEP 10 1937

28728

1. PLACE OF DEATH

County.....

Registration District No.....

791
1008

File No.....

Township.....

Primary Registration District No.....

Registered No. 7361

City St. Louis (No. 1)

St. Lukes Hosp

St. Ward)

2. FULL NAME Della Dial

(a) Residence, No. 2 St. NR Ward. Chester, Ill.
(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.R. Dial

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1877

7. AGE YEARS 60 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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. 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis Grove, Ill.

13. NAME Frank Hargis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis Grove, Ill.

15. MAIDEN NAME Lydia Milligan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis Grove, Ill.

17. INFORMANT S.E. Dial (ADDRESS) Chester, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Chester, Ill. DATE 8-4-37

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 No. Euclid Ave.

20. FILED AUG 3 - 1937 J. F. Predeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to Aug 1, 1937. Last seen alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 8:50 P.M.

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

Massive atelectasis of left lung Date of onset Aug 1
Pleural effusion, left, non-B. not pneumonia (?)

Other contributory causes of importance: Abscess of spleen (?)
Chronic pyelonephritis, calcareous
Cardio-vascular-renal disease "

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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. None

Manner of injury
Nature of injury !

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William T. Barnhart, M. D.
(Address) 3720 Washington

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.

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