

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Washington
City Dodson Mo.

Registration District No. 404
Primary Registration District No. 3-3-3-8
(No. 85th and Wabash)

File No. 34461
Registered No. 54
St. _____ Ward _____

2. FULL NAME Samuel Oliver Dill

(a) Residence, No. 85th Wabash 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 Male 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 Mrs. Anna Dill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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) Pennsylvania

FATHER 13. NAME Daniel W Dill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Mary Crow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Ellen Masters
(ADDRESS) 85th Wabash18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Sept. 28 193719. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway, Sls. Mo.20. FILED 10-7- 1937 Mrs. Jos. J. Brennan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1937

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 2AM m.

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

Carcinoma of head of pancreas Date of onsetOther contributory causes of importance: 46Name of operation Widow Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy yes23. 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 of injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) [Signature] M. D.(Address) [Signature]

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.

