

JAN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bedard
Township Bedard
City (No.) St. Ward

Registration District No. 163
Primary Registration District No. 5232

File No. 45032
Registered No. 64

2. FULL NAME Fred Dillsaver

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Dillsaver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 1880</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>4</u>
	DAYS <u>28</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>Farmer</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>Ills</u>		
FATHER	13. NAME <u>John W Dillsaver</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills</u>	
MOTHER	15. MAIDEN NAME <u>Malissa Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills</u>	
17. INFORMANT <u>Mrs Lena Dillsaver</u> (ADDRESS) <u>Edwards Springs Mo R 5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hacklaween Cem</u> DATE <u>12-8 1937</u>		
19. UNDERTAKER <u>Quinn-Siders</u> (ADDRESS) <u>Edwards Springs Mo</u>		
20. FILED <u>12-7-37</u> <u>J.W. Dawson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 7 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 7 1937

I last saw him live on Dec 6 1937 Death is said to have occurred on the date stated above, at 12 m.

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Chronic Angina

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? Edwards Springs Mo

(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) A. C. Simsell M. D.

(Address) Stockton Mo.

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.

