

DEC 13 1938

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

38684

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 2
(b) Township 1 Primary Registration District No. 100
(c) City St. Joseph (d) Street No. 415 Virginia Registered No. 1194
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 415 Virginia St. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William W. Dillon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1853
7. AGE YEARS 85 MONTHS 4 DAYS 15 If LESS than 1 day, ...hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Davis County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Richard Ford.

14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.

MOTHER 15. MAIDEN NAME Mary Borem

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT A.H. Dillon (ADDRESS) 317 Virginia St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery. DATE Dec. 1, 1938.

19. FUNERAL DIRECTOR (NAME) Clark Mortuary (ADDRESS) St. Joseph, Mo.

20. FILED 12/1 1938 W. H. Northcutt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to Nov. 15, 1938
I last saw him alive on Nov. 15, 1938 Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Chc. Valvular Heart Dis. 1919
Chc. Atherosclerosis 1920
Chc. Nephritis 1936
Chc. Hypertension 1930
Date of onset

Other contributory causes of importance: 131
Grav. Senility old age

Name of operation Chc. Date of 7/20
What test confirmed diagnosis? Chc. Was there an autopsy? No

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? No
If so, specify Chc. Hypertension M. D.
(Signed) W. H. Northcutt
(Address) St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Fred W. Clark

Licensed Embalmer No. *1273*

P. O. Address *5025 King Hill Rd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.