DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 24 [illegible] 9

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37309

Registration District No. [illegible] Primary Registration District No. [illegible] Registrar's No. 50

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: all his life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED: 1
(a) State: Mo. (b) County: Saline
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: William N. Dille 400
3. (b) If veteran, name war: —
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Martha Ellen
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 8th (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	28	hr. min.

9. Birthplace: Saline Co. Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Stephen H. Dille
13. Birthplace: don't know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza Dennis
15. Birthplace: don't know (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Boliver Dille
(b) Address: Slater, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10-8-'39 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: Hill Brothers 700
(b) Address: Slater, Mo.
19. (a) Oct 7 (Date received local registrar) (b) W. M. Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th year 1939 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from 9-13, 1939, to 10-6, 1939, that I last saw him alive on 10-3, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Cystitis
Pyelo nephritis

Due to: 1328

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: none
Of autopsy: none

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: W. B. Kitchen (M. D. or other)
Address: Glasgow Date signed 10-7-

(Licensed Embalmer's Statement on Reverse Side)

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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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/16/39

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 Edgar Moore, Registered Apprentice No. 130 working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, Mo.

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.