

FILED JAN 28 1943
Registration District No. **268**

Primary Registration District No. **4396 8706**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Wardell**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **50 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**

(c) City or town **Wardell, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **X**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Dewitt W. Dillard**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17th**,
year **1843** hour **10** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 15**
19 **42** to **Jan 10**, 19 **43**
that I last saw him **in** alive on **Jan 1**, 19 **43**
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruth Dillard**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **February 23 1871**
(Month) (Day) (Year)

Immediate cause of death: **Chronic myocarditis, myocardial insufficiency**

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

71 II 29 hr. min.

9. Birthplace **Poplar Bluff, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Lewis Dillard**

13. Birthplace **New Madrid, Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Robbins**

15. Birthplace **New Madrid, Co. Mo.**
(City, town, or county) (State or foreign country)

Other conditions **Septic**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **93d**

Of autopsy _____

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

16. (a) Informant **Mrs. Ruth Dillard**

(b) Address **Wardell, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **I/19/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Wardell, Mo.**

18. (a) Signature of funeral director **H. S. Smith**

(b) Address **Caruthersville, Mo.**

19. (a) **1-26-43** (Data received local registrar) (b) **J. F. Creasy** (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Asphorey Wash** (M. D. or other) _____

Address **Wayhi, Mo** Date signed **1-22-43**

590

