

APR 28 1930

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

Do not use this space.

8465

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 14
St. Ward)

2. FULL NAME

Mrs Polly G. Dillon

(a) Residence. No. Franklin & Carter 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. P. Dillon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1842

7. AGE YEARS 88 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) in home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Springfield (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Vincenth Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennesse

12. MAIDEN NAME OF MOTHER Phoebe Hadden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennesse

14. INFORMANT Mrs D. Cary (Address) Clinton Mo

15. FILED 3/24 1930 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21 1930
17. I HEREBY CERTIFY, That I attended deceased from 3/13, 1930, to 3/21, 1930 that I last saw him alive on 3/21, 1930 and that death occurred, on the date stated above, at 8:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97 (duration) yrs. mos. ds.
1350

CONTRIBUTORY (SECONDARY) Cystitis (duration) yrs. mos. ds. 8

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) E. C. Peeler, M. D.

, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Mar 23 1930

20. UNDERTAKER Home Box ADDRESS Clinton

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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