

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

Recd 7021-1938

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

Do not use this space.

35795

1. PLACE OF DEATH

County Henry
Township Tate
City Calhoun (No. _____)

Registration District No. 349
Primary Registration District No. 4207

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME John Wesley Dilts

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 68 1 11 200

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

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) Aug 1938 11. Total time (years) spent in this occupation 30 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dep. Ohio

13. NAME Henry H Dilts

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

15. MAIDEN NAME Eliza J. Yocum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

17. INFORMANT (ADDRESS) Arthur Edwards Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Galison Cemetery DATE Oct 16 1938

19. UNDERTAKER (ADDRESS) J. H. HOUSEY Calhoun Mo

20. FILED Oct 16 1938 Mrs. A. A. Chan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1938 to Oct 10 1938. I last saw him alive on Oct 10 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

acute nephritis

Date of onset Sept 11

Other contributory causes of importance: None

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? _____ (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) D. A. Ballard M. D.
(Address) Calhoun Mo.

LOCAL REGISTRAR'S REPORT--DO NOT TEAR LEAF OUT

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

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No.....) St..... Ward.....
 (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No..... St..... Ward.....
 (Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... 1917 JAN

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

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death was said to have occurred on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR).....

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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Date of onset.....
 Date of death.....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
 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.....

RECEIVED
 District Health Officer
 District No. 7-38-338
 Date Filed.....

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME.....

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

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.....

15. MAIDEN NAME.....

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

Manner of injury.....
 Nature of injury.....

17. INFORMANT..... (ADDRESS).....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS).....

(Signed).....
 (Address).....

20. FILED....., 19..... Registrar.....

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35790-

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
(b) Township _____ Primary Registration District No. 4207 Registered No. _____
(c) City Calhoun (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 John Wesley Dilts

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1918

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

acute nephritis
exposure to cold

Date of onset

Other contributory causes of importance: 120

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? _____ (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) D. A. Ballard, M. D.

(Address) Calhoun, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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