

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

Do not use this space.

33282

1. PLACE OF DEATH

88 County Randolph
5 Township
2 City Huntsville (No.)

Registration District No. 733
Primary Registration District No. 4435

File No.
Registered No. 31
St. Ward)

2. FULL NAME

James Lee Dillman
(a) Residence No. St., 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Dillman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 10
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo
10. NAME OF FATHER James Dillman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 31 Unknown
12. MAIDEN NAME OF MOTHER May Sawthorn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs James Dillman
(Address) Huntsville Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11, 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Oct 17, 1932
that I last saw h. alive on Oct 10, 1932 and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
46 B 117A (duration) 1 1/2 yrs. mos. ds.
CONTRIBUTORY Gastric Ulcer (SECONDARY) (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. G. Pragg, M. D.
. 19 (Address) Huntsville

*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 Huntsville DATE OF BURIAL Oct 13, 1932

20. UNDERTAKER Tom B Patton ADDRESS Huntsville

FILED Oct 13, 1932 J. G. Pragg
REGISTRAR

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 28 1932

