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.

JUN 19 1935

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

Do not use this space.

15786

File No. .....

Registered No. 126

1. PLACE OF DEATH

County Cape, Girardeau. Registration District No. 125

Township " " Primary Registration District No. 3009

City Cape Girardeau (No. 204. N. Main. St. St. ..... Ward)

2. FULL NAME Charles W. Dillow.

(a) Residence, No. 204. N. Main. St. 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 ~~Mail.~~ MALE

4. COLOR OR RACE White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widdowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17. 1852.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	2	25	

OCCUPATION

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

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 .....

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

FATHER

13. NAME Charles Dillow.

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

MOTHER

15. MAIDEN NAME Dont Know.

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

17. INFORMANT Roy E. Dillow. (ADDRESS) Murphesboro Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesboro Cemt DATE May 14 1935

19. UNDERTAKER Haman!s Funeral Home. (ADDRESS) Cape Girardeau, Mo.

20. FILED 5-15 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 12. 1935.

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1935, to 5-12 1935,

I last saw him alive on 5-12 1935. Death is said to have occurred on the date stated above, at 732 P m.

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

	Date of onset
Chr Myocarditis	Unknown
Bronchial Asthma	5-9-35

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) Paul B. Hunt Young, M. D.

(Address) 801 Broadway Cape Girardeau Mo