

DEC 20 1936

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

Do not use this space.

44533

1. PLACE OF DEATH

County Newry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

John James Dillon
(a) Residence, No. 829 1/2 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kathrine Dillon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16 1859</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>7</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mape Park 2 miles S.W. of</u>		
FATHER	13. NAME <u>John Dillon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Kathrine Ahna</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Margaret Dillon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>12/19</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Consalus Peck</u>		
20. FILED <u>12-17</u> 19 <u>36</u> <u>J. R. Hamilton</u> REG. ST. OFF.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1936 to 12-6 1936
I last saw him alive on 12-6 1936 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:
Septicemia
Date of onset 12-2-36

Other contributory causes of importance:
abrogation of def.
abrogation of def.

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 abrogation
Nature of injury of apple

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. Walker, M. D.
(Address) Clinton 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.

