

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

12925  
Do not use this space.

REC'D MAY 10 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.  
 (e) Length of residence in city or town where death occurred **27** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**John Milton Dillard**, **463**  
 (a) Residence, No. **2852 Shenandoah** St. **23** (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 **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 **Elizabeth Dillard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 12, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**78 8 2**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Farmer**  
 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) **Mexico Missouri**

FATHER 13. NAME **Robert Dillard**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Tennessee**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **A.A. Cook, M.D. 5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mexico, Mo.** DATE **4-15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Witt Bros. L. & U. Co. 2920 S. Jefferson Av.**

20. FILED **APR 15 1938** *J. D. Buehler* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-14-38** 19

22. I HEREBY CERTIFY That I attended deceased from **July 1, 1938** to **4-14-38**  
 I last saw him alive on **4-14-38** 19 Death is said to have occurred on the date stated above, at **11:16 A.M.**

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

**Broncho-pneumonia 4-10-38**  
*H. D.*  
 Other contributory causes of importance:  
**Mixed Tumor of Parotid 7-1-37x**  
**Pernicious Anemia 7-1-37x**  
**Carcinoma of Stomach 7-1-37x**

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

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 **Arnold A. Cook!** M. D.  
 (Signed) **Arnold A. Cook!** M. D.  
 (Address) **5400 Arsenal St**

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.

50M-7-23-37 I X12004

5518

STATEMENT BY LICENSED EMBALMER

I, Edgar F. Witt, Licensed Embalmer No. 2117  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul G. Shanklin  
L. E. 3492

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edgar F. Witt  
Licensed Embalmer No. 2117

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**