

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

33701  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Dwight Registration District No. 508  
 (b) Township Lehlicoth Primary Registration District No. 3026  
 (c) City Lehlicoth (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 D Dillaman  
 (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 Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
✓ 5 1 9  
 OCCUPATION  
 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) Lehlicoth MO  
 FATHER  
 13. NAME William Dillaman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany MO  
 MOTHER  
 15. MAIDEN NAME Alpha Dodson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning MO  
 17. INFORMANT (ADDRESS) Alpha Dillaman  
Lehlicoth MO  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Nov-25-1938  
 19. FUNERAL DIRECTOR (ADDRESS) James P Dodson  
Lehlicoth MO  
 20. FILED 11-26-1938 Donald M. Duell Th  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-23-1938  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Nov 23, 1938  
 I last saw him alive on Nov 22, 1938 Death is said to have occurred on the date stated above, at 5:25 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia (Bacterial) Date of onset \_\_\_\_\_  
 Other contributory causes of importance: acute mitral regurg  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) P. J. Brunner, M. D.  
 (Address) Lehlicoth, MO

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.

STATEMENT BY LICENSED EMBALMER

I, James D Gordon, Licensed Embalmer No. 1870

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

James D Gordon

Licensed Embalmer No. 1870

**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.)**