

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.

AUG 14 1935

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

Do not use this space.

22060

1. PLACE OF DEATH
 County Bary Registration District No. 29
 Township Fly Creek Primary Registration District No. 2038
 City (No. _____) St. _____ Ward _____

2. FULL NAME Wm F Dilbeck
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Cassville, Mo. (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 Josie Dilbeck
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1871
 7. AGE YEARS 64 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Tenn
 13. NAME George Dilbeck
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
 15. MAIDEN NAME Martha Bandy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
 17. INFORMANT Mrs Wm F Dilbeck
 (ADDRESS) Cassville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Spunktown DATE July 27 1935
 19. UNDERTAKER Home Funeral
 (ADDRESS) Cassville, Mo.
 20. FILED Aug 2 1935 Geo W Newman
RR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1935
 22. I HEREBY CERTIFY That I attended deceased from Feb 14 1935 to July 17 1935
 I last saw him alive on July 15 1935 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 7/25/35
 Other contributory causes of importance:
Pan Valvular degeneration and enlarged heart.
 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. McDaniel M. D.
 (Address) Cassville, Mo.

