

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.

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

PLACE OF DEATH  
County Warren  
Township Elkhorn  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 851 File No. 38142  
Primary Registration District No. 61715 Registered No. 41 12

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mathew Luke Lillie

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>m</u>	COLOR OR RACE <u>Darky</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Single</u>
DATE OF BIRTH <u>April 24</u> , 19 <u>08</u> (Month) (Day) (Year)		
AGE <u>4</u> yrs. <u>5</u> mos. <u>11</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Warren Co.</u>		
PARENTS	NAME OF FATHER <u>John Lillie</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Warren Co.</u>	
	MAIDEN NAME OF MOTHER <u>Gertie Coleman</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Warren Co.</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Oct. 4</u> , 191 <u>2</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>Oct. 5</u> , 191 <u>2</u> , to <u>Oct. 5</u> , 191 <u>2</u> , that I last saw him alive on _____, 191 <u>2</u> and that death occurred, on the date stated above, at <u>11 a.</u> m. The CAUSE OF DEATH* was as follows: <u>Acute Crupous Pneumonia</u>
Contributory <u>Tuberculosis</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>C. A. Ball</u> M. D. <u>Oct. 4</u> , 191 <u>2</u> (Address) <u>Jaysburg Mo.</u>
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Luke Coleman  
(ADDRESS) Jonesburg Mo.  
Filed Oct. 6 1912 W. J. Moore REGISTRAR  
Nov. 23, 1912

PLACE OF BURIAL OR REMOVAL Jonesburg Mo. DATE OF BURIAL Oct 6, 1912  
UNDERTAKER J. J. Stephens ADDRESS Jonesburg Mo.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asihentia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-genital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septichaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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

PLACE OF DEATH

County Warren county  
Township Elkhorn  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 089 File No. 38742  
Primary Registration District No. 5787a Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mathew Luke Lillie

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Darkly SINGLE Single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH April 24, 1908  
(Month) (Day) (Year)

AGE 4 yrs 5 mos 11 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Warren County

PARENTS  
NAME OF FATHER John Lillie  
BIRTHPLACE OF FATHER Warren County  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Estie Coleman  
BIRTHPLACE OF MOTHER Warren County  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Luke Coleman

(ADDRESS) Jonesburg Mo

Filed Oct 6, 1912 J. W. Foreman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 5, 1912, to Oct 5, 1912, that I last saw him alive on Oct 5, 1912, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH\* was as follows:  
Acute Crohn's Pneumonia

(Duration) \_\_\_ yrs. \_\_\_ mos. 2 ds.  
Contributory Tuberculosis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) E. A. Ball M. D.  
Oct 4, 1912 (Address) Jonesburg Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Jonesburg Mo DATE OF BURIAL \_\_\_\_\_ 191\_\_  
UNDERTAKER F. Z. Stephens ADDRESS Oct 6th

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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# Revised United States Standard Certificate of Death

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Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH  
County Warren  
Township Elkhorn  
Village \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 881 File No. 38142 X  
Primary Registration District No. 6171 Registered No. 41

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mathen Luke Lillie

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE B. SINGLE S. MARRIED W. WIDOWED D. OR DIVORCED (write the word)

DATE OF BIRTH April 24, 1908  
(Month) (Day) (Year)

AGE 4 yrs. 5 mos. 11 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Warren Co

PARENTS NAME OF FATHER John Lillie BIRTHPLACE OF FATHER (City or town, State or foreign country) Warren Co MAIDEN NAME OF MOTHER Leatie Coleman BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warren Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Luke Coleman

(ADDRESS) Jonesburg Mo

Filed Jan 15<sup>th</sup> 1913 W. H. Morse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 5, 1912, to Oct 5, 1912, that I last saw him alive on \_\_\_\_\_, 1912, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH\* was as follows: Acute Croupous Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Contributory Tuberculosis Lungs (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) E. A. Ball M. D. (Address) Jonesburg Mo

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At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Jonesburg Mo DATE OF BURIAL Oct 6, 1912

UNDERTAKER J. J. Stephens ADDRESS Jonesburg Mo

Original file, date NOV 23, 1912 All information called for must be written on this Supplementary Certificate

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
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