A. J. Clay

MAY 25 1927

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 7387
Township — Primary Registration District No. 3007 — Registered No. 55
City Poplar Bluff (No. 815 Poplar St. 1 Ward)

2. FULL NAME Lillie A. Timmons
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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: Female
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: Chas. Timmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3-1886

7. AGE: Years 40 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Gunland
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: James L. Berry
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Maggie Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Kerr

14. INFORMANT: Mrs S. Brown
(Address): Poplar Bluff Mo

15. FILED 4-9, 1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 17 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-4, 1927, to 3-17, 1927 that I last saw her alive on 11 am, 19..., and that death occurred, on the date stated above, at 6 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
46 48
82 D
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Paralysis right side
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
(Signed) A. J. Clay, M. D
Mar 22 1927 (Address) Poplar Bluff, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn — DATE OF BURIAL: Mar 19 1927

20. UNDERTAKER: [illegible] — ADDRESS: 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.

THIS IS A PERMANENT RECORD