

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

Do not use this space.

11478



**1. PLACE OF DEATH**

County Grundy  
Towship Stratton  
City Frenton (No. ....)

Registration District No. 330  
Primary Registration District No. 3017

File No. ....  
Registered No. ....  
St. .... Ward ....

**2. FULL NAME** Lilly Jane Stratton

(a) Residence. No. 315 E 18th St., 3 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reese B. Stratton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17th 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 | 5 | 15

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duwell Co Virginia

10. NAME OF FATHER Jake Dickins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Fatherine Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT M.H. Stratton (Address) Melbourne Mo

15. FILED 30th 1927 E.A. Duffy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1927

17. I HEREBY CERTIFY That I attended deceased from Jan 15, 1927, to Apr 2, 1927, that I last saw her alive on Apr 1, 1927, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac disease, chronic valvular, mitral

CONTRIBUTOR (SECONDARY) 9000 (duration) yrs. mos. da.

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? No  
(Signed) H. W. Selske, M. D.  
Apr. 19 27 (Address) Frenton 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 Salern Cemetery DATE OF BURIAL 4/3 1927

20. UNDERTAKER R. H. Hemley ADDRESS Frenton 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.

DEPARTMENT RECORD

27 1927

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3/15