MAR 2 1 1928

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

Do not use this space.
7389

1. PLACE OF DEATH
County Saline — Registration District No. 798
Township Arrow Rock — Primary Registration District No. 6031R
City Marshall (No. ..., ... St. ... Ward) — File No. ... Registered No. 2

2. FULL NAME Charles Hugo Tilers

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(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) Mo

PARENTS
10. NAME OF FATHER Hugo Tilers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Emma Bunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo.

14. INFORMANT Hugo Tilers
(Address) Arrow Rock Mo.

15. FILED 2/9, 1928 Lee I. Hirsch REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1928, to Feb. 1, 1928, that I last saw h. alive on Feb. 1, 1928, and that death occurred, on the date stated above, at 6-15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mediastinal Abscess following Bronchopneumonia
10 D (duration) ... yrs. ... mos. ... ds.
1143 CONTRIBUTORY (SECONDARY) OTB (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. L. Lawless, M. D
Feb. 2, 1928 (Address) Marshall 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	DATE OF BURIAL
Arrow Rock Cem.	Feb 2 1928
20. UNDERTAKER	ADDRESS
R. W. Campbell	Marshall

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.