

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

Do not use this space.

14017

1. PLACE OF DEATH
 County Macou Registration District No. 964
 Township Drake Primary Registration District No. 2710
 City Goldberg (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME E. B. Lile
 (a) Residence. No. St. Ward. Resident
 (Usual place of abode)
 Length of residence in city or town where death occurred 77 yrs. 7 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
77 | 7 | 13

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

9. BIRTHPLACE (CITY OR TOWN) Waymo
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Daniel Lile

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

12. MAIDEN NAME OF MOTHER Susan Linn

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

14. INFORMANT Mrs. Fanny Hill
 (Address) Youngstown

15. FILED 15 1928 J. M. Goldstein REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to April 8, 1928, that I last saw h. in alive on April 8, 1928, and that death occurred, on the date stated above, at 7:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11/11/27 (duration) yrs. 1 mos. 3 ds.
 CONTRIBUTORY (SECONDARY) Cold (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, at Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF 8

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Exam.
 (Signed) James W. Platt, M. D.
 (Address) Goldberg 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 Goldsburg DATE OF BURIAL April 10 1928

20. UNDERTAKER W. H. & C. Colburn ADDRESS South of Hill

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.

JUN 1

