

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

Do not use this space.

16327

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____
 2. FULL NAME Wm Barber Lillie
 (a) Residence No. 918 Tremont 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Sarah L. Lillie
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1843
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 2 25
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Robinson. (STATE OR COUNTRY) Ill.
 10. NAME OF FATHER David Lillie
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY) Ind.
 12. MAIDEN NAME OF MOTHER Martha Barber
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frankford County. (STATE OR COUNTRY) Ill.

14. INFORMANT Gertrude Lillie (Address) Poplar Bluff
 15. FILED 5/18 28 Dr B J Crisp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-9 1928
 17. I HEREBY CERTIFY, That I attended deceased from May 1, 1925 to May 8, 1928
 that I last saw h. l. m. alive on May 8, 1928, and that death occurred, on the date stated above, at 1 A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights disease
131
167 (duration) yrs. mos. da.
 CONTRIBUTORY Senility (SECONDARY) (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED 129A
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. N. Barnett M. D.
May 17, 1928 (Address) Poplar Bluff
 *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 5-11 1928
 20. UNDERTAKER _____ ADDRESS _____
Tracy Co. Poplar Bluff

WHITE 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.

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