SEP 24 1928

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.

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

Do not use this space.

26538

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1022

City St. Joseph. (No. ..... St. ..... Ward)

2. FULL NAME CLARENCE L. TILLER.

(a) Residence. No. 14 E. Hyde Park Ave. St., 10 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 13, 1889.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	8	13.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: laborer

(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): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: George Tiller.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky.

12. MAIDEN NAME OF MOTHER: Anna Dunlap.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, mo.

14. INFORMANT: George Tiller. (Address) 14 E. Hyde Park, Mo. St. Joseph

15. FILED AUG 27 1928, 19..... John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-24-1928, to 8-26-1928, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrosis of Liver

122 B

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): none known

124 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) John I. Tucker M.D.

8/29/1928 (Address) St Joseph 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: Bethel Cemetery.

DATE OF BURIAL: Aug. 28, 1928

20. UNDERTAKER: Fred D. Clark

ADDRESS: 5025 King Hill Av.