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.

1928

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

Do not use this space.

26619

1. PLACE OF DEATH
County Callaway
Township Fulton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. ~~3008~~ 5153

File No. .....
Registered No. 165

2. FULL NAME Lillie Dell Tharp

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): DK

7. AGE: about 50 YEARS | MONTHS: — | DAYS: | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Iowa

PARENTS
10. NAME OF FATHER: Johnthan Hunter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Sarah Scofield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky

14. INFORMANT: Frank Tharp
(Address): Ottumwa Iowa

15. FILED 8-28 1928 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/~~24~~ 27 1928

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed the body, 19....., to ....., 19....., that I last saw ..... alive on ....., 19....., and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Concussion of brain
Auto-accident on highway #40
in Callaway Co.
2 minutes
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. H. Christian, M. D
, 19 (Address) Fulton Coroner 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: Ottumwa Iowa
DATE OF BURIAL: D-K 19

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton Mo.