

1928

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

Do not use this space.

37908

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township North Primary Registration District No. 3034
City Waverly (No.) St. Ward)

File No.
Registered No. 208

2. FULL NAME

Infant of Mrs. & Miss John Lilleston
(a) Residence No. 1004 Williams 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1928 to Nov 2 1928, that I last saw h. alive on 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature (w/ no.)
159

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 hours

CONTRIBUTORY (SECONDARY) W/ no.

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

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

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY.....

10. NAME OF FATHER John Lilleston

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. H. ... M. D. , 19 (Address) Waverly Mo

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

12. MAIDEN NAME OF MOTHER Mattie Solomon

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

14. INFORMANT (Address) Mrs. John Lilleston
Waverly Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland DATE OF BURIAL Nov 3 1928

15. FILED 11/2 25 1928 Dr. Chas. S. Fleming REGISTRAR

20. UNDERTAKER S. Minner ADDRESS Waverly

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.

Dr. Waverly

