

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

Do not use this space.

5562

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. St Joseph's Hospital) Registered No. 228
 St. Beattie Ward

2. FULL NAME Hessie Lillie
 (a) Residence. No. 1524 Beattie 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 F 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 Andrew Lillie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>52</u>	<u>3</u>	<u>11</u>	

8. OCCUPATION OF DECEASED House work
 (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

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER La Grant Munges

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

12. MAIDEN NAME OF MOTHER Mary Jane Wheatley

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1929

17. I HEREBY CERTIFY That I attended deceased from Viewed Feb 21 1929 to 1929, that I last saw h. alive on and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, by Slashing abdomen and disemboweling herself at 1524 Beattie st St Joseph Mo.
168 (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? NO DATE of
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) B.W. Padlock Coroner, M. D.
2/23 1929 (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 Ashland Cem DATE OF BURIAL Feb 23 1929

20. UNDERTAKER Fleeman Funeral Home Inc ADDRESS 1208 Francis

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.

FILED 23 1929

14. INFORMANT J. W. Wilson
 Address St Joseph Mo

15. FILED 23 1929
John E. Jeff REGISTRAR

