

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

Do not use this space.

20873

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Primary Registration District No. 3009
 City (No. 726 Gibson ave) St. Ward

File No.
 Registered No. 132
 St. Ward

2. FULL NAME Jessie Tilley

(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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>8</u>	<u>6</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Gir. Co.
 (STATE OR COUNTRY)

10. NAME OF FATHER Monroe C. Kyriacou
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir. Co.
 12. MAIDEN NAME OF MOTHER Octavia McMeely
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir. Co.

14. INFORMANT Martin L. Tilley
 (Address) Cape Girardeau Mo.

15. FILED 6/5/29 W. Haempfe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 28, 19 29, to June 4, 19 29, and that that I last saw her alive on June 4, 19 29, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
198 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) A. Chouard M. D.

6/5, 19 29 (Address) Cape Girardeau 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 Fairview Cem DATE OF BURIAL June 5 1929

20. UNDERTAKER Walker and Co ADDRESS Cape Gir. Mo.

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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