AUG 22 1929

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

Do not use this space.

23904

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 899
Township X — Primary Registration District No. — Registered No.
City St Joseph (No. ~~State Hospital~~ #2. St. Ward)

2. FULL NAME Thomas Tiller (Thomas Lovel Tiller)
(a) Residence. No. State Hosp #2 St., Ward. Claire, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: ? Bessie Tiller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept, 10, 1891

7. AGE: about 45 — YEARS: 37 — MONTHS: 10 — DAYS: 16 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ? Farmer.
(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): Buchanan Co, Mo.

PARENTS
10. NAME OF FATHER: Wm. T. Tiller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co, Mo.
12. MAIDEN NAME OF MOTHER: Eliza Hines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

14. INFORMANT: Moses A. Tiller
(Address): St. Joseph, Mo.

15. FILED 29, 1929 — John G. Wt — REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 26 1929

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1929 to July 26, 1929 that I last saw alive on July 26, 1929, and that death occurred, on the date stated above, at 1935 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane
83
214 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Syphilis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
76
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) J. R. Beech, M.D.
7/26/1929 (Address) State Hosp #2

*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: Mt. Auburn Cemetery — DATE OF BURIAL: July, 29, 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

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.