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

Do not use this space.

30101

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1046

City St. Joseph Mo. (No. 1912 Bartlett St. Ward)

2. FULL NAME Dottie Burris Tiller

(a) Residence. No. St., Ward. Lenox Iowa
(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: John Tiller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15, 1890

7. AGE: Years 39 — Months 1 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

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): Omaha
(STATE OR COUNTRY): Nebraska

PARENTS

10. NAME OF FATHER: W. H. Burris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Jefferson County
(STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Sarah J. Matchett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kirksville
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mr. W. H. Burris
(Address): St. Joseph, Mo.

15. FILED SEP 9 1929 — John G. Utz, S.S. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): September 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from August 28, 1929, to Sept 8, 1929 that I last saw her alive on Sept 7, 1929 and that death occurred, on the date stated above, at 12:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the uterus

48

46

(duration) — yrs. 6 mos. — ds.

CONTRIBUTOR (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Taylor Co. Iowa

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Peter Beck, M. D.

Sept. 9, 1929 (Address) Lincoln Bldg. 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 — DATE OF BURIAL: Sept. 11, 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Colhoun

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.

OCT 22 1929