

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

Do not use this space.
36113
W. H. King
File No.
Registered No. **293**
St. Ward)

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Primary Registration District No. 3039
City Nevada (No. 606 Wallison) St. Ward)

2. FULL NAME Lillian Belle Poland

(a) Residence. No. Nevada Mo 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|--|---|----------|--|
| 3. SEX <input checked="" type="checkbox"/> F | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Berk Poland</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>D-17-1899</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day,hrs. ormin. |
| <u>30</u> | | <u>-</u> | <u>-</u> | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) <u>Arkansas</u> | | | | |
| PARENTS | 10. NAME OF FATHER <u>Bullen</u> | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> | | | |
| | 12. MAIDEN NAME OF MOTHER | | | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know.</u> | | | |
| 14. INFORMANT <u>Mrs. Ella J. Poland</u> (Address) <u>Nevada Mo</u> | | | | |
| 15. FILED <u>11-10-1929</u> <u>E. R. King</u> REGISTRAR | | | | |

MEDICAL CERTIFICATE OF DEATH

1. 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1929, to Oct. 17, 1929 that I last saw her alive on Oct. 16, 1929 and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic ulcerative pulmonary tuberculosis

2-3/13 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 21 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? V DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? CR King M. D.
(Signed) 10-18-1929 (Address) Nevada 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 <u>Deepwood - Nevada Mo.</u> | DATE OF BURIAL <u>1929</u> |
| 20. UNDERTAKER <u>Allen V. Hays.</u> | ADDRESS <u>Nevada Mo</u> |

N. B.—Every item of information should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that the exact statement of OCCUPATION is verily true.

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