OCT 29 1930

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

Do not use this space.

30408

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township — Primary Registration District No. 4286 — Registered No. 41
City Canton (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Effie Lillard
(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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. W. Lillard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 30 - 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Lewis County

PARENTS
10. NAME OF FATHER: James Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lewis County Mo
12. MAIDEN NAME OF MOTHER: Leah McRenolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co. Mo

14. INFORMANT (Address): Mr. J. W. Lillard, Canton, Mo

15. FILED 9-6, 1930 H. W. Harris REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1926, to Sept 5, 1930, that I last saw her alive on Sept 4, 1930, and that death occurred, on the date stated above, at 10-20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy & dilatation of heart
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 12 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) Dr. Jett Porter D.O. M.D.
, 19 (Address) Canton 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: Forest Grove - Canton Mo — DATE OF BURIAL: Sept 7 1930

20. UNDERTAKER: F. D. Kelly — ADDRESS: Canton, 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.