

NOV 26 1930

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

Do not use this space.

33520

## 1. PLACE OF DEATH

County Marion  
Township Marion  
City Hannibal (No. 1100, Walnut)

Registration District No. 547  
Primary Registration District No. 3079

File No. \_\_\_\_\_  
Registered No. 259  
St. 4 Ward

## 2. FULL NAME

Helen R. Tillquist  
(a) Residence, No. 1100 Walnut St. 4 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

## 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mrs. Tillquist

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 29, 1904

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
or \_\_\_\_\_ min.

2622

## 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)

Hannibal

(STATE OR COUNTRY)

Mo

## 10. NAME OF FATHER

Louis P. Lambert

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Florence K. Appleton

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

Louis P. Lambert  
1100 Walnut Hannibal Mo

## 15.

FILED

19

Oct 1, 30 Clousville

REGISTRAR

+

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-1-1930

17. I HEREBY CERTIFY, That I attended deceased from May 1930 to Oct 1, 1930 that I last saw h. lx alive on Sept 29, 1930, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

USA  
infection of femoral vein  
70  
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

Child Birth(duration) yrs. 6 mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. P. Lambert, M. D., 19 (Address) Hannibal 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

DATE OF BURIAL

Mt O Level Cemetery 10-3-1930

## 20. UNDERTAKER

ADDRESS

James O'Connell Hannibal 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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
HANNIBAL, MISSOURI  
PERMITS THIS IS A PERMANENT RECORD

