

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township U
City N

Registration District No. 125
Primary Registration District No. 3009
(No. 220 So. Ellis St)

File No. 30712
Registered No. 781
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 220 So. Ellis St 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9th - 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

13. NAME Robert N. Tilly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian, Mo.

15. MAIDEN NAME Ada Rees

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.

17. INFORMANT Robert N. Tilly

(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fair View Cem DATE Sept 16, 1931

19. UNDERTAKER Walthus Und. Co.

(ADDRESS) Cape Girardeau Mo.

20. FILED 9-16-31 W. K. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-9-1931, to 9-15-1931

I last saw him alive on 9-14-1931. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

Failure of closure of foramen ovale
Premature child 7 1/2 months
157C

Other contributory causes of importance 159

Name of operation None Date of _____

What test confirmed diagnosis Micro Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) D. H. ..., M. D.

(Address) Cape Girardeau Mo.

... WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 22 1931

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.

