

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

Do not use this space.

1. PLACE OF DEATH  
 County Benton Registration District No. 61 File No. 3714  
 Township Donn Primary Registration District No. 5096 Registered No. 7  
 City \_\_\_\_\_ (No) \_\_\_\_\_ St. 7 Ward \_\_\_\_\_

2. FULL NAME Lillie Chilson  
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Don't Know no data

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) -  
 (c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY) 31

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know (STATE OR COUNTRY) -

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know (STATE OR COUNTRY) -

PARENTS

14. INFORMANT Roy Chilson (Address) Warsaw Mo

15. FILED 7/29 1932 Jas. A. Logan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1932

17. I HEREBY CERTIFY That I attended deceased from May 1 1931 to Feb 28 1932 that I last saw him alive on Feb 8 1932 and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senility  
Chronic Intermittent Nephritis (duration) 6 yrs. mos. ds.  
Secondary (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 (duration) \_\_\_\_\_ yrs. mos. ds.  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_ (1)  
 8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_ (Signed) J. R. ... M. D.  
 , 19 \_\_\_\_\_ (Address) Warsaw 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 Baller's Cem - DATE OF BURIAL 7/29 1932  
 20. UNDERTAKER E. M. White ADDRESS Warsaw 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.

MAR 21 1932

