

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1932

Webb

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

Do not use this space.

19102

1. PLACE OF DEATH
 County Greene Dallas Registration District No. 241
 Township Buffalo Mo Primary Registration District No. 4147
 City Buffalo Mo (No.) St. Ward

2. FULL NAME Mrs Jessie B Tilley
 (a) Residence, No. Buffalo Mo R2 St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 682

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 Leroy Tilley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19 March 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>2</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Bethany Mo

MOTHER FATHER

13. NAME Clinton N. Evans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

MOTHER

15. MAIDEN NAME Belle Harrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

17. INFORMANT (ADDRESS) Leroy Tilley Buffalo Mo R2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greene Camp DATE June 2, 1932

19. UNDERTAKER (ADDRESS) F. E. Phenic Springfield Mo

20. FILED 410 1932 Harvey M. Mum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1932

22. I HEREBY CERTIFY That I attended deceased from April 26, 1932, to June 1, 1932
 I last saw her alive on May 24, 1932 Death is said to have occurred on the date stated above, at 9:18 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver 1-1-32
466 466
 Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis? Liver function 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? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Lester B. Webb, M. D.
 (Address) Springfield, Mo

