

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

Do not use this space.

19229

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318  
 3 Township Springfield Primary Registration District No. 21 File No. 426  
 5 City Springfield (No. Public Square East South Ave) Registered No. 426 Ward

**2. FULL NAME**

(a) Residence, No. Charles H. Tiller Ward. (If nonresident, give city or town and State)  
#5 Springfield, Mo.  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Florence Tiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
67 0 26

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

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

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) Mo.

13. NAME Henry Tiller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Elizabeth Wallis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Florence Tiller

18. BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery DATE June 15 1932

19. UNDERTAKER (ADDRESS) J. W. Tinsley & Co  
Springfield, Mo.

20. FILED 6-16 1932 Ralph W Langston  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on June 13, 1932. Death is said to have occurred on the date stated above, at 5:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cranial thrombosis  
9/13/32  
9/13/32  
No Physician in attendance  
 Other contributory causes of importance: (5)  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Wm C Stone, Coroner, M. D.  
 (Address) Springfield, 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.

JUN 23 1932

