

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

Do not use this space.

**23868**

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 773  
 5 Township ..... Primary Registration District No. 4464  
 4 City Farmington (No. ....) St. .... Ward) .....  
 2. FULL NAME Lilly White  
 (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. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James E White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30, 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
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) <u>Madison Co Mo</u>		
FATHER	13. NAME <u>Joseph Boulenger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Rogers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Fred Gibson</u> <u>Olms no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Higdon Mo.</u> DATE <u>July 24, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Farmington Ind Co</u> <u>Farmington Mo</u>		
20. FILED <u>774</u> , 19 <u>32</u> <u>732</u> Registrar <u>Rehman</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 23, 1932  
 I last saw him alive on July 18, 1932. Death is said to have occurred on the date stated above, at 8:55 m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 5

Other contributory causes of importance:  
1

Name of operation None Date of .....  
 What test confirmed diagnosis ..... Was there an autopsy? .....

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?  
 If so, specify .....  
 (Signed) ....., M. D.  
 (Address) .....

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 27 1932

MATERIAL RESERVED FOR BINDING

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