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.

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

Do not use this space.

30730

File No. 8405

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7001

Township ..... Primary Registration District No. 1010

City St Louis (No. 3420 Lawton Ave St. ..... Ward)

2. FULL NAME Mary Lillard

(a) Residence, No. 3420 Lawton ave St., 21 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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 12 1888

7. AGE: Years 44 | Months 7 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newellton Louisiana

FATHER

13. NAME: John Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Mary Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newellton Louisiana

17. INFORMANT (ADDRESS): Celester Gordon 3420 Lawton

18. BURIAL, CREMATION, OR REMOVAL: PLACE Lucas wood DATE 9-20 1932

19. UNDERTAKER (ADDRESS): A F Buddie Walton 2901 Stoddard St

20. FILED SEP 21 1932 Mary Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 15th 1932

22. I CERTIFY that I attended deceased from ....., 19....., to attendance

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:55 P m.

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

	Date of onset
Lobar pneumonia	

Other contributory causes of importance: 108 (?)

Name of operation ..... 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) City Coroner

9/16/32