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

Do not use this space.

85

38476

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 1189
Township — Primary Registration District No. — Registered No.
City St. Joseph, Mo. (No. Missouri Methodist St. Ward)

2. FULL NAME Lillian Sarah Killin

(a) Residence, No. St., Ward. Filmore, Missouri
(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.

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.

JAN 21 1933

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 William H. Killin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15 1914

7. AGE: Years 18 — Months 10 — Days 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Holt Co. Missouri

FATHER
13. NAME William Cookson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Missouri

MOTHER
15. MAIDEN NAME Elsie Proffitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Missouri

17. INFORMANT Mrs. Wm Killin (ADDRESS) Filmore, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Filmore, Mo DATE Dec. 9, 1932

19. UNDERTAKER Flippman Funeral Home (ADDRESS) St. Joseph Mo

20. FILED DEC 7 1932 John R. Kinder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1932, to 12/7/23, 1932
I last saw her alive on Dec 6, 1932. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Puerperal~~ Puerperal Infection	11/23
115A	
115A	
145A	

Other contributory causes of importance: Dead Fetus

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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) Emmett H. Cook, M. D.
(Address) Phys & Surg Bldg