

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

Do not use this space.



1. PLACE OF DEATH

48 County Jackson
Township Barre
City Little Blue (No. _____)

Registration District No. 400
Primary Registration District No. 5353 B

File No. 140348
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Anna Lillis

(a) Residence, No. Jackson County Barre Ward _____

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 7 4

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 159

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT J. W. Kasletter
(ADDRESS) Barre, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 27 1932

19. UNDERTAKER Nottingham Bros.
(ADDRESS) _____

20. FILED 12-24-32 1932 William H. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to 12/21, 1932

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5 P.M.

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

chronic myocardia Date of onset _____

Other contributory causes of importance 93c
130
10

Name of operation _____ Date of _____
What test confirmed diagnosis? chem 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) J. W. Kasletter, M. D.
(Address) Barre, 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.

JAN 24 1932

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